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CLINICAL LECTURE.

INFANTILE BRONCHO-PNEUMONIA.

A Clinical Lecture delivered in the Hôpital des
Enfants Malades.

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Gentlemen:—Acute broncho-pneumonia is a disease whose symptoms and whose course vary according to circumstances. Sometimes the march is one of great rapidity (galloping broncho-pneumonia). Two or three days after the onset of the attack, the disease has spread throughout the entire bronchial tree to the extremities of the bronchioles, and the little patient dies asphyxiated. The cardinal symptoms are the intense dyspnoea and the high fever, which often mounts up to 104°F., and even higher; the oppression is excessive, the lips and face turgid and cyanotic, the extremities cold, the pulse small and feeble, and the patient is in the utmost distress till death ends the struggle.

Sometimes, on the other hand, the disease is less rapid in its progress, although still of the greatest gravity, and does not come to a fatal termination till after a week or ten days. It is only by degrees that asphyxia manifests itself. The extreme oppression is shown by the increasing frequency of the respiratory movements, by the restlessness of the patient, by the coöperation, in the act of respiration, of all the accessory breathing muscles, and by the livid color of the skin and nails.

This bronchial affection, whose gravity is almost sure to increase from day to day, reveals itself to auscultation by the presence of numerous subcrepitant and crepitant râles, which are heard in spots all over both lungs; sometimes also by the signs of a more or less limited hepatization, the foci of lobular pneumonia becoming confluent, and constituting that variety of broncho-pneumonia which has been called *pseudo lobar*.

These two forms—the galloping form and the slow form—are almost always associated either with a previous morbid state of the lung—a bronchial catarrh, for example—or with a general disease, like measles and whooping-cough, which affect principally the respiratory passages.

Broncho-pneumonia in its most rapid form is a formidable disease, and when once established, the physician can do but little to stay its progress. It will not do, however, to lose sight of the fact that, if suitable precautionary measures are adopted, this dangerous complication may often be averted. This is especially the case with measles and whooping-cough, where careful attention to the hygiene of the patient will not seldom prevent those pulmonary engorgements which are so much to be dreaded.

The third form of broncho-pneumonia is, at least from a therapeutic point of view, the most interesting. Its onset, like that of the other varieties, is almost always insidious and unexpected. If it be a case of whooping-cough, for instance, at a certain stage of the disease, when you happen to be examining your little patient in the evening, you are surprised to find the skin hotter than natural, the cough a little less paroxysmal

than ordinarily, but more frequent, and the throat red and congested. The child has taken a fresh cold, the parents say, and at first you think that this is actually the case, for you find nothing out of the way in the lungs, either by percussion or auscultation, unless it be a few slight râles scattered here and there. These symptoms, trifling as they seem to be, are often the precursors of serious mischief. There will be still greater reason for anxiety if the temperature rises rapidly to 104° , if the fits of coughing (to the delight of the parents, who do not know the evil import of this sign) are suddenly suppressed; and, unless there is reason to believe that an attack of measles is being ushered in—for measles and whooping-cough sometimes occur simultaneously—you may make up your mind that you have before you broncho-pneumonia in its incipency.

The next day the whole bronchial tree is involved; the dyspnoea is intense; the dusky, pale color of the skin, with the swollen and livid lips and the hurried respiration, indicate that asphyxia is already present.

† Examination of the thorax presents exaggerated resonance, almost a tympanic percussion sound in certain places, while in others there is a shade of dulness; auscultation discovers fine bubbling ronchi (crepitant and sub-crepitant), more audible in certain points than in others, and predominating at the basis of the lungs; coarser râles are heard higher up. The respiratory sounds, weakened or even suppressed in the tissue communicating with the inflamed tubes, are exaggerated on the confines, and elsewhere in the thorax. The temperature is high (103° – 105° F.), and the pulse frequent and small (130–140 per minute).

But there is one thing which is peculiar to this form of broncho-pneumonia: after three or four days there is a lull in the symptoms, and a deceptive promise of amendment; the temperature falls a degree, the pulse is less frequent, the suffocation and the restlessness less pronounced; and physicians and attendants hope that the dangerous crisis is passed. The next day the child is worse, and the asphyxia more imminent than ever; the abdomen is now tympanic, and this adds to the respiratory distress. Again, after one or two days, there is another lull in the storm, and the parents take renewed hope; the cough is less troublesome, the dyspnoea less intense; and then the symptoms assume a more aggravated form.

The bronchial tree is thus taken by successive islets, and while the disease in certain points enters upon defervescence, it pro-

pagates itself elsewhere, invading regions hitherto healthy. We might compare its course to that of erysipelas, pursuing its march by successive invasions, each new region attacked presenting the invasion of a new pulmonary lobule by the disease which we are considering; and no respite is possible till the malady has spent itself.

The duration of this third variety of broncho-pneumonia is generally from three to four weeks, and during this long period of relapses and amendments the physician finds himself in a very anxious and trying position.

Under the influence of the general congestion, the kidney imperfectly performs its function; and to the phenomena of pulmonary asphyxia are added symptoms due to retention in the organism of urinary salts. Along with the general enfeeblement of function, the brain is congested; and although at times the condition of the lungs improves, the dyspnoea continues, from debility of the respiratory centre. Sometimes, moreover, there are accessions of suffocation and paroxysms of coughing resembling pertussis, provoked by the hypertrophied mediastinal glands pressing upon the cardio-pulmonary plexuses.

In cases which end favorably, after a prolonged fight of many days and even, it may be, weeks, the fever falls; the vomiting ceases; the dyspnoea, little by little, subsides; the urine becomes more natural in quality and quantity; and there is a general lull. But convalescence is slow and tedious, and recovery may not be completed till after a month or two of constant care.

As to the ratio of fatal cases to cases of recovery in this disease: while in hospitals where, as a rule, it is impossible to give as good care to the sick child as in private practice, the mortality is eighty per cent.; in private practice it is only fifty per cent.; but this affirmation is only true in its application to children above three years of age, for below that age the mortality is certainly much greater.

The differential diagnosis is not always as easy a matter as one might suppose. Simple pneumonia—which is, by the way, very rare in children—has its onset suddenly, without prodromes and is ushered in by a chill; while broncho-pneumonia always succeeds a previous attack of bronchitis, of influenza, of whooping-cough, of measles, of typhoid fever: in a word, follows upon some general disease, or some affection of the air passages.

How is it with the functional signs—are they sufficient to establish the diagnosis? In simple pneumonia there is pain in the side,

dyspnoea and cough; but the latter symptoms are much less pronounced than in broncho-pneumonia, where the cough is imperious and persistent, and the dyspnoea intense. I do not allude to the expectoration, which is a valuable symptom for purposes of diagnosis in the adult, but which is wanting in young children. In frank pneumonia, the face is flushed, while in broncho-pneumonia it is of a dusky pale or livid color.

In ordinary pneumonia, the physical signs are limited to one side; you have there percussion dullness, and, on auscultation, you note at the onset absence of the inspiratory murmur, and slightly blowing expiration: the latter bearing some resemblance to the puffing sound of a steam engine. You will not find fine crepitant râles as in the adult, but after several days you will detect a veritable tubular blowing sound, which is followed shortly by large returning crepitant râles.

Broncho-pneumonia is seated in both lungs; percussion gives in certain points an exaggerated, almost tympanitic resonance; in other places, especially at the bases, a slight dullness.

In simple pneumonia, you may have over the affected region exaggerated thoracic vibrations; there is nothing like this in broncho-pneumonia. Note, also, the different character of the auscultatory signs in the latter disease; you will, for instance, hear, scattered over both lungs, numerous unequal râles, dry and moist, crepitant and sub-crepitant. If you hear a souffle, it has not the true character of the tubular souffle, but seems a feeble imitation of the latter; is also very circumscribed, and changes its position in the thorax. The next day, on auscultating your little patient, you no longer hear the souffle of the day before, or it has changed its place,

To sum up, in broncho-pneumonia you have an abundance of signs furnished by auscultation; these signs are diffused, fugacious, mobile; while in true pneumonia they are confined to one place and persistent. Simple pneumonia, moreover, unless improperly treated, is not a dangerous disease in children; defervescence comes on from the sixth to the ninth day spontaneously and abruptly. I, of course, except infants under one year of age, in whom the disease is one of great gravity.

In acute phthisis, the diagnosis is still more difficult. Like broncho-pneumonia it begins insidiously, and generally in the course of some general disease; the dyspnoea is very marked, and the asphyxia and cyanosis are in direct relation to the extent of the lesions.

The aspect of the little patient is very similar in both cases; the pallor of the complexion, the violaceous coloration of the lips and extremities, which are the signs of approaching asphyxia, are as marked in the one case as in the other.

The physical signs are the same. And when it is a case of acute phthisis, running its course in a few weeks, I defy any one to name a differential sign of any value. There are the same crepitant and sub-crepitant râles disseminated over both lungs, the same blowing sounds especially audible over the roots of the bronchi. Therefore, I never feel so sure, when I have these signs and symptoms, that I have before me a case of acute phthisis, that I deem myself warranted in pronouncing an absolutely unfavorable prognosis. I have so often made the diagnosis of acute phthisis in desperate cases, and seen the little patient get well after several weeks of treatment, that I have learned the necessity of caution in pronouncing a definite opinion concerning such cases.

But now and then there are instances where the diagnosis is clearer. The examination of the apices, as compared with the bases of the lungs, discloses a predominance of lesions in the sub-clavicular or in the supra-spinous fossæ; the percussion dulness is greater in those upper regions of the chest, and râles, cavernulous bruits, and blowing sounds are more numerous in those points. In short, the morbid sounds decrease as we go from apex to base, and this is a sign which is almost peculiar to phthisis.

What shall be the treatment of infantile broncho-pneumonia? First of all, I insist that the little patient shall be kept in bed. If the child be less than a year old, you may find it difficult to enforce this requirement; the child is restless in bed, and insists on getting up. In such cases, you will do well to make a woollen sack and keep the little patient in it, covered with a thick shawl, and the legs wrapped in cotton batting. You can then take the child up and hold it on your knees, keeping it in a vertical position, which is better than the dorsal. But if the child is more than one year old, you can insist on it being kept in bed, the head and trunk elevated on an inclined plane. You will perhaps be surprised to see me urge upon you a requirement which seems to you so simple; but I deem it of great importance, and indeed the first condition, if your treatment is to have any real efficacy.

At the very onset of broncho-pneumonia, and when the fever is high, you may administer an emetic; but this is the only emetic

that I allow during the course of the disease. Later on, when the child is depressed by the disease and vomiting is difficult, you ought especially to guard against the exhibition of emetics, which will certainly do more harm than good, increasing the dyspnoea and general prostration. Nor would I advise you to give kermes, tartar emetic, or other antimonials which debilitate the vital forces. If in ordinary bronchitis you may employ with advantage—as you have seen me do—opiates, belladonna, aconite, codeia, do not think of prescribing them in broncho-pneumonia, where they cannot but be mischievous.

You should give your little patients stimulants to arouse the respiratory centre and pneumogastric nerve, whose functions little by little are depressed. Alcohol, in some of its forms, is indicated; so also is acetate of ammonium in the dose of four or five grains, or the carbonate of ammonium in such dose as can be borne without emesis. A good alcoholic preparation is Malaga wine, of which two or three teaspoonfuls may be given to a child under one year of age, and a proportionately larger quantity to older children. If the Malaga wine seems too sweet and disagrees, or the child refuses it, you may use Marsala, port, or brandy; and from the judicious use of these alcoholic preparations you will derive great benefit.

I add to the treatment by alcohol the sulphate of quinine. Morning and evening I give to a patient four years old three grains, and half that quantity to a child of two years of age, while for a child one year old a grain is sufficient. Both alcohol and quinine, under these circumstances, are antithermic and sustain the nervous system and heart; but it is particularly in enforcing and regulating the action of the heart that they do good.

This is about all I have to say relative to internal treatment. You should at the same time watch the state of the digestive organs; for distention and meteorism of the abdomen count among the causes which augment the dyspnoea; hence you will administer from time to time a little senna or magnesia to keep the bowels clear, while taking care not to provoke diarrhoea.

It has been said that the revulsive treatment in pneumonia and broncho-pneumonia is a thing of the past, without any proved action whatever on the state of the lungs. I am certain that this is a mistake, at least as far as broncho-pneumonia is concerned. I am, in fact, in favor of mustard sinapisms to the chest at the onset of the pulmonary affection, and am sure that I have often seen marked relief follow their use; after that I

apply dry cups to the thorax morning and evening.

I am also so old-fashioned as to believe in the efficacy of small fly-blisters about the third day, but they must be small—not more than an inch in diameter for older children, and less even for those that are younger. Not more than three or four should be put on at a time, and should not be left on more than three hours, whether they draw or not; then they should be followed by a potato-poultice, and afterwards dressed with vaseline and lint. Two days after the application of the first series, you may apply a second series over another region, and in the course of two or three days, still a third series, thus pursuing the disease in its different stages, and shifting localizations. You must take care that the blister be not left on too long; and you must not forget to apply the poultice in order to moderate the cutaneous irritation; and if you are particular to carry out this direction, you will never see ulceration, sloughing or suppuration follow these vesicants.

From the point of view of hygiene, see that the room in which your patient is kept is never hotter than 64° or 65° F. Support the strength of the child by broths, gruels, milk, egg-nog, etc.; and, if vomiting follows the fits of coughing, give a small quantity of the potion of Rivière (which may be replaced in American practice by plain soda water, or any ordinary effervescent mixture), a little Vichy or Vals water, or a few sips of coffee, made without any sweetening.

Lastly, if the restlessness be too great, and the nights too much disturbed, a lavement (enema) of chloral (starch water, two ounces; chloral, seven and one half grains) may be administered, or a grain or two of chloral may be given by mouth.

Do not forget that broncho-pneumonia is a disease of long duration, which demands of you much patience and careful watchfulness. You should then not readily yield to discouragements, and you will often see your efforts crowned with success in the recovery of patients whose condition long seemed desperate and even hopeless.

—Dr. Middleton Goldsmith, who recently died at Rutland, Vt., was one of the founders of the New York Pathological Society. A short time ago he gave the society \$5000 for a lectureship on nervous diseases. He is said to have been the first physician to introduce the use of bromine in cases of gangrene.

COMMUNICATIONS.

REMARKS ON SENDING PHTHISICAL PATIENTS TO THE ROCKY MOUNTAIN REGIONS.

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From the first settlement of certain parts of the Rocky Mountain region down to the present time there has gone forth a deserved reputation of these localities for the palliation and cure of certain pulmonary diseases. Year after year patients are sent westward to gain the hoped-for health which they unsuccessfully struggled after in the low damp climate of the East. Now, as this influx of invalids goes ceaselessly forward, may it not be well to consider the conditions which justify a physician in sending his patients into this western country? In other words, the circumstances under which it is advisable to recommend the high dry climate of Colorado and New Mexico to consumptive and asthmatic sufferers?

This is a matter which the medical profession in the region specified has often discussed. How repeatedly do physicians in the leading towns and cities of this section find persons sent here simply to have their symptoms aggravated, and death greatly hastened! How often do they find patients recommended to resort to this climate without any definite or adequate conception of the effect it has upon the human system? Either this climate has, or has not, peculiar qualities. If it has, it is necessary to know their effect on the healthy individual. If it has not, then it matters little whether it be recommended and resorted to or not?

The first inquiry is: When and how did the Rocky Mountain region gain its reputation for pulmonary diseases? Years ago, when there were no transcontinental railroads; when the lines of traffic and travel terminated in Omaha, St. Joseph, Leavenworth, and other like points, it meant much more to reach Denver, Pueblo, Santa Fé, and similar situated cities. The health-seeker came westward on the railroad to one or another of the former places, and then completed the rest of the journey over the plains in a stage-coach or on an emigrant train drawn by oxen. The inconvenience of this plan of transportation was more apparent than real, and it often proved of much practical advantage, and contributed greatly to the preservation of life and the subse-

quent improvement or recovery of the patient. It is obvious why this was so when we consider the different circumstances involved then and now-a-days. In patients suffering from pulmonary disease, a feeble digestion or actual dyspeptic condition is often an insurmountable hindrance to recovery. Often, too, the matter of occupation and exercise cannot be regulated. Overland transit obviated some of these difficulties. The invalid, conveyed in a laboring ox-team over the sunny, dry plains, or in the open stage-coach, had only the substantial provisions of the camp or garrisoned government stations. He was exposed to the air and sun, and soon acquired an insusceptibility to taking colds; and his system became better oxygenated, if I may use the expression; and his power of assimilation increased. Occasionally, the sight of wild beasts, the presence of herds of antelope and buffalo, or the onset of marauding Indians served to excite the circulation better than any physic, and broke the monotony so common to invalidism. These and other attending circumstances contributed ultimately to the welfare of the health-seeker. Moreover, on reaching his destination, he found no luxuriantly-equipped hotels, where he could confine himself away from sunlight, fresh air, and exercise, as is the case now. He found no crowded resorts where his society was largely, if not exclusively, among sufferers like himself, with whom the chief topic of conversation was bemoaning their sad condition. The subjugation of the wilderness, the conversion of the prairie or unsightly sand-plain into a succession of homes and farms, and the building up of cities gave him occasions for mental occupation. He was forced among hardy pioneer classes, whose vessels were full of red blood, and whose life teemed with vigor and strength. Amid these surroundings the invalid was encouraged to live, not to repine; to hope, not to despair.

The next fitting inquiry is, what peculiarities are perceptible in healthy individuals within the Rocky Mountain region, and what changes take place in invalids who improve and recover here? That there is a fuller chest development in the natives and old inhabitants of elevated regions is an accepted observation. That the rarity and pureness of the atmosphere in high altitudes necessitate a greater expansion of the thorax is evident. Even in certain domestic animals this difference is noticeable. The native horse of Colorado and New Mexico has fuller measurements, as compared with the native

stock of the low prairies of the Mississippi valley. A horse capable of hard service in the latter regions is comparatively worthless in a great many instances, when brought to the mountains, and shows deficient respiratory power. Healthy men, who have never had their lungs impaired in any way, find themselves incapable of much or hard exertion on first coming here, and readily become "winded," and pant rapidly.

This being the case, how are individuals with impaired lungs and respiration affected on coming to the mountains? This is an important inquiry, and one which the medical man should comprehend, before he can intelligently advise patients to come here. After quite a number of observations, the writer has been led to several conclusions:

First.—If the patient is still well within the first stage of pulmonary disease, there may be slight hemorrhages at the first, unless he ventures cautiously into elevated localities. If he is in the second stage, when considerable areas of the lung tissue are softening or approaching this condition, there will be more rapid breaking down of the parts for a time. If the patient's energies are yet unexhausted and capable of offering resistance to these more rapid destructive changes, he may pass over this first aggravation and recuperate, with a temporary or permanent arrest of the disease. Under these circumstances cavities form and remain in an unirritable condition, and the vital-powers improve.

Second.—If the disease is well established, has gone nearly through the first stage or reached the second; if the patient's constitution has not offered considerable resistance to its inroads—shown a *tolerance*, according to Prof. Flint; if there be any marked derangement of the circulation, and a tendency to weakness or exhaustion of the organs thereof, little good can be expected from his going to a high altitude. Indeed, such cases generally grow rapidly worse, and often quickly prove fatal.

Third.—Patients who have been vigorously medicated until agents have ceased to effect the system uniformly and readily, are not in good shape to seek health in a new country and climate, no matter what stage the disease is in. Newcomers undergo a process of acclimatization in this Western country, and are for a time susceptible to certain atmospheric and teluric influences, the effect of which must be averted or remedied by proper medication. If the stomach is already disordered by much medicine taking, or the nervous system is unresponsive to

remedial agents, the chances are that the physician is left powerless to benefit the case, in certain critical stages.

From these observations it is plain what advice the physician should be prepared to give those who seek his counsel about a change of climate. The time to counsel a patient to come to this Western country is at the earliest onset of the disease. The less of inroad it has made, the greater the certainty of improvement and recovery. In seven cases out of every ten, the writer believes it would be greatly to the benefit of the patient, and contribute largely to the permanent arrest of his disease, to send him into the dry, elevated climate, just as soon as the premonitions of pulmonary disease are ascertainable. In families in which a tendency to pulmonary disease is known to exist, it is advisable to counsel early removal. Prevention is better than cure, and that such a change would be prophylactic few can question.

In counseling patients to come to the West, it is unwise to urge a visit for only a few weeks or months, until improvement sets in and the patient becomes strong. It is a fact beyond dispute that phthisical patients, who improve in this high and dry climate, are incapacitated for return to the Central and Eastern States. On their return they rapidly lose what they have gained, and not only does this take place, but also they lose the power to recuperate on a second resort to the West; and their chances of improvement and recovery are immensely reduced. It is such a frequently repeated event to see a patient who has responded to the climate grow strong, then return, and lose all he has gained, that it cannot be too strongly urged upon physicians in the East to insist that with improvement the patient should reside permanently in the locality he has found helpful to him.

The selection of some one point, and remaining there, is far better than traveling from place to place, and should be insisted upon. The altitudes of different resorts vary considerably, and a person with impaired lungs is not able to change from one to the other without loss, indeed, often not without danger. It is best to begin with an elevation not exceeding 5000 feet. Even such an elevation as this should not be resorted to at once. It is a common occurrence for patients who have made a quick transit from the seacoast, or from the Central States to suffer from hemorrhages upon arrival, and his impoverished lung is still further deprived of nutrient fluid. There are not a few cases

on record in which sudden death has resulted from this cause. The better plan, therefore, is for invalids in moving westward to stop a week or more at intermediate points, where the elevation is less than 3000 feet. In this way the lungs adapt themselves, to some extent, to the rarified atmosphere from which they must take oxygen for the system. At such a point, a patient can move about more easily, and more safely inure himself to a certain amount of out-door exercise, than in a more elevated locality.

Another duty incumbent upon the medical attendant is the careful classification of his patients. Allowing for a necessary and excusable number of mistakes, it nevertheless seems that proper care is not taken to discriminate laryngeal, bronchial, asthmatic, and phthical cases in the adoption of treatment by climate and elevation. If a chronic laryngitis or a chronic bronchitis has its cause largely in sudden weather changes, in a damp, vapor-laden, cold climate, then there can be no mistake in sending the patient to some part of the Rocky Mountain region, between a point as far north as Denver, and one as far south as Albuquerque, New Mexico. Within this range every variety of altitude can be found, and a winter climate of any degree of intensity or mildness. The prevailing advantage of all is a dry soil and a dry atmosphere for the greater part of the year.

In the case of asthmatics, less care need be exercised as to altitude. It is to altitude that they owe much of their relief. The difference of atmospheric pressure in elevated districts has a mechanical relation to the disease, in not a few instances. It is not best, in many cases, to recommend these patients to the older cities or older settled regions, for *atmospheric dust* is more likely to keep up the disease in such places.

The want of uniformity of results in patients sent West is largely due to disregard of the precautions I have enumerated. Much has been written and spoken about the climatology of the region specified, and its relations to the pulmonary diseases. Unfortunately it has often been in a way that helped but little to guide the physician in his advice to patients. Unless the observations herein set forth be used as a guide to some extent, the sad experiences will continue of *persons sent to these regions only to have their death hastened*. So frequently are these ill-advised cases brought to the notice of the busy physician in this Western country, that he is forced to entertain the suspicion that it is one method his Eastern

co-laborer adopts of escaping the inevitable termination of his treatment. It is cruel to elate the hopes of an advanced consumptive by the history of brilliant recoveries, and in this mood incite him to leave his home and friends, to have his death precipitated in a region in which he has no capacity to live. The profession has gathered much valuable knowledge about the natural history of consumption, and it readily recognizes the premonitions of the disease in many instances. Why, then, hold on to cases with the hope of curing them, when climate and country are antagonizing every effort made, and when all means of combating the disease, and all recuperative power are expended, send the patient West for a new lease of life. Is it a mere fancy, a mere chimera, with our Eastern colleague, that somewhere in this distant *terra incognita* there is a "fountain of youth," whose delectable waters will restore the wasted and devitalized tissues and make the dying man live? We give him more credit for knowledge. Let him consider that with the favorable influence of climate and country and the same scientific measures that are at his disposal, we can achieve results greater than he has achieved only when we can take hold of patients early. This should be the guiding thought in sending consumptives to this region for cure.

THE CONJUGAL BURDEN.

BY JANET E. RUNTZ-REES.

The carelessness with which responsibility is assumed in life is very remarkable; in no case more so than in the conjugal relation. Young men and women, and indeed older persons, enter upon matrimony with the scantiest idea of its meaning, and with no regard at all to its obligations.

Marriage as a civil relation is a mere contract. Its esoteric meaning is not in the least degree important in the law, and this is possibly one reason of the flippancy with which the institution is regarded. Many a man pays more regard to the making of his will than to the issues of his daughter's marriage; and the real meaning and importance of the marriage ceremony has been very little, if at all, emphasized by the religious service which many persons look upon as more binding than the legal aspect of the affair.

Regarded as a civil institution, marriage, as consummated among ourselves, is a fair bargain. Yet very few of its participants

realize in what degree and measure it is so. The fact stands thus: The husband on his part assures the wife of a home (bed and board, as the law has it) in return for what? Vulgarly speaking, he expects from her possession of her body, and (should he set a value upon it) of her soul. He expects her to bear him children. And this, so far as it goes, is perfectly legitimate and right. Both parties to the contract know, or ought to know, what they are undertaking, and so long as the man affords a home and his careful protection to the woman, so long by the terms of contract he has a right to her maternal possibilities. So far it is a mere matter of business. If, in carelessness, ignorance, or from an inherent lowness of nature, either party break the contract, he or she is responsible, and the other partner has a perfect right to demand compensation. The man is fairly aggrieved if the wife refuses him his legitimate rights; the woman is rightly angered if in return for her maternity she does not receive consideration, affectionate solicitude, care and kindness.

But there is another, and a far more serious side, to the marriage question. One, alas! rarely considered, yet one upon which hinges the entire happiness of generations, their physical, mental and spiritual well-being.

It is the question of questions to-day—for the old reverence for marriage, as marriage is dying out, and public regard for it as a mere business contract is small.

The burden of conjugal union should justly be borne equally by both participants. Its objects should be plainly understood by them before its responsibilities are incurred, and once understood neither has a right to object to any sacrifice or suffering they may entail. If motherhood on the woman's part is her share of the contract, she may not justly object to bearing children, while the man, desirous of parentage, has it certainly laid upon him to sacrifice all else, even his amorous passion for the sake of or even for the advantage of those whom he protects. When, from ignorance or malice, either party to the contract fails to carry out his or her obligations, serious results must ensue.

The woman who shrinks from motherhood upon the ground of physical discomfort and suffering, or because the bearing of children impairs her beauty, is so clearly in error that she deserves only contempt; but she is less blameworthy if, during the period of her gestation and motherhood, the husband fails in caring for and tending her, or forces upon

her the unacceptable evidences of his passion, and exacts a return of ardor which physical discomfort often renders impossible, or at least irksome.

It is incumbent upon him to do his part, to *cherish* his wife. If this entails some sacrifice, is not sacrifice the delight of all true love? It is an unjust thing upon his part to expect in a mother, or an expectant mother, weighted with the cares of offspring, the jubilant compliance of early nuptial days. And, too often, he lays upon her an added burden in the shape of anxiety as to means and many petty household cares. These, he says, are her province. True, but it is his duty to see that in ruling her kingdom she is provided with all requisites and spared all possible exaction. When this is done, he has in some measure fulfilled his obligation to cherish her, but by no means to its full extent. It is clearly his duty to partake as much as possible in the burden of child-bearing. This does not mean that he is to be the slave of every whim of an exacting woman; but it does mean that he is to live above mere animal gratification of passion or desire, and consider, before he indulges his manly wishes, how far his doing so is conducive to the well-being of the wife, who for his sake is facing her responsibilities cheerfully, and whether or not in exacting marital privileges he is in the remotest degree affecting by it, the child which, if it has any right to be at all, has it as evidence of love.

The question of sexual indulgence, its extent and claims, can never be definitely settled, because it varies in isolated cases. No two men, nor women, probably, are moved in precisely the same way by its claims; to some it is all powerful, to others scarcely existent. But there is one truth in connection with it which, recognized and accepted, would clear the conjugal question of all difficulty. It is very simple. It is only this: The man or woman who cannot subordinate passion to love is little better, if indeed any better, than an animal. The distinction between man and brute lies in the possession by the former of the higher instincts of morality. Moral affection lives in a region in which passion, as passion, claiming indulgence for mere indulgence sake, does not exist; in which *continence* in the man answers to purity in the woman; in which unselfish, self-sacrificing love alone controls desire.

When we reach a higher standard of morality, the myriad difficulties of the conjugal relationship will disappear in the light of unselfish love, and with them will also dis-

appear that blot on all civilization, *prostitution*. Men are often held wholly responsible for the outcasts on our streets, and no doubt in the beginning they were so, but they are no longer the only offenders. Every woman, married or single, is in her way also responsible, if she accepts of her husband or lover a lower morality than the highest, if she condones looseness of conduct either in lover or husband, if she fails, as a wife, to render all that is justly his, or to exact, on the other hand, the care and consideration which is justly hers. Men do not love their wives less, but more, for taking thought for them; and this thought naturally includes consideration in the sexual relationship. They often err through ignorance, so do wives; but both would *find knowledge* if both lived in purity and continence subordinating passion, and its unreasoning demands to prove unselfish self-sacrificing love.

SOCIETY REPORTS.

NEW YORK ACADEMY OF MEDICINE.

Stated meeting December 15, 1887.

The President, A. JACOB, M.D., in the chair.

The Modern Treatment of Strangulated Hernia.

DR. T. HERRING BURCHARD said that his paper would be a review of the modern treatment of strangulated hernia, as he had nothing new to offer. Some of the facts brought out by modern experience with strangulated hernia were cited. There was now more general recognition, on the part of the profession, of the value of time in the early stage of strangulation. He contended against the habit on the part of some to procrastinate until important pathological changes had taken place in the strangulated tissues. Taxis should be employed with care, and not persisted in for an undue length of time; twenty to thirty minutes was usually long enough. When it had proven useless, an operation should be resorted to. Antisepsis was, of course, to be observed. Regarding the treatment of the sac, free and impartial judgment was required; but no operation for strangulated hernia could be regarded as properly performed which did not finally close the hernial canal. By this means we obtained isolation of the peritoneal cavity, prevented inflammation extending to it, and offered the patient a chance for permanent

relief against hernia. Dr. Burchard gave a brief review of seven cases of strangulated hernia upon which he had operated; five of these were in males and two in females. In combating stercoraceous vomiting and collapse, he had found nothing equal to the stomach douche with hot water. As a factor in the treatment of acute peritonitis, he mentioned the fact that concealed hernia, as the cause of such peritonitis, was apt to be overlooked.

How should the Sac be Treated in Herniotomy?

DR. R. F. WEIR read a paper with this title, in which he dwelt principally upon three questions: First. Did this additional surgical procedure for the prevention of a return of the hernia increase the mortality? Second. How is this additional operation to be performed? Third. How reliable is this procedure?

For the solution of the first question, only incomplete figures could be furnished. The statistics at hand of cases treated for radical cure of the hernia gave a lessened mortality over previous operations of from fifteen to twenty per cent. But it should be remembered that there had come to be a feeling, both among the laity and the profession, of the necessity of operating early, which rendered the chances of recovery greater. The treatment of the pedicle varied among different operators; but all agreed at present as to the necessity for closing the mouth of the sac. Dr. Weir had resorted to Nussbaum's method in five cases, and to MacEwen's in one; and he gave his preference for the former as being the simpler and more quickly performed. In his first cases he employed a flat truss just after the operation, but his own impression, and that of many others, was growing in favor of a simple bandage.

Regarding the third question, does this procedure give permanent relief from the hernia? Statistics showed a sufficient number of relapses to lead us to say, at least, that the operation is not yet perfect.

The Conservative Treatment of Irreducible and Incarcerated Hernia.

DR. W. B. DE GARMO said that in treating of this part of the subject he would make no reference to strangulated hernia. He would maintain that the abandonment of these cases (cases of irreducible and incarcerated hernia), after a hasty examination, was entirely unjustifiable, and that to decide upon operative measures after a few moments consideration was equally unjustifiable, for the reason that a good percentage of them

could be relieved by safer methods. In illustration of these views, Dr. De Garmo read the histories of ten cases in which he practiced a form of long-continued taxis. He began at the bottom of the tumor, and made gentle manipulation of the contents as if freeing them from their adhesions, repeating the operation perhaps daily for a week or more if necessary, until finally the tumor became reducible. He would not give a case up as hopeless until this method had been tried for two weeks. It was better that the patient should keep the bed during the treatment, although several of his patients continued about their business. Nine of his ten cases had inguinal hernia, the contents being almost invariably omentum and intestine. The duration of the hernia had been in five cases ten years, in four cases five years, in one case one year. The result of the treatment had been seven reductions and two failures. In one case it was abandoned because of a diabetic condition. Mechanical support should be employed after reduction.

Strangulated Hernia in Children.

DR. A. G. GERSTER, in speaking on this subject, said he would consider only those points in the operation which differed from the operation in adults. The difference of treatment in the two classes of cases related to the treatment of the wound. It was of the greatest importance to avoid inflammation of the wound in children. It had been suggested by Dr. Weir and Dr. Abbe that the ordinary operation for hernia would be the better if the external wound were not closed, but was allowed to heal by granulation; the idea being, that by the formation of a dense and massive external scar, intra-abdominal pressure would be resisted. In cases of grown persons, Dr. Gerster did not share their opinion, but in cases of children he would certainly advocate the open treatment of the wound. His opinion was based on the fact that in all the cases which had come under his observation, five in number, in which the wound had been sutured primarily, union of the external wound did not take place. Soiling of the wound by the clothes, urine and fecal matter could not be avoided. He believed that it was, therefore, better to pack the external wound with iodoform gauze and treat it as an open wound, just as one would treat a wound in the vicinity of any of the natural orifices.

Dr. Gerster related one case in particular, because of an error in diagnosis which had been committed. The child, two years of age, had a fluctuating tumor of the scrotum

which had existed for some time, but which could not be reduced by taxis. The tumor was translucent, and hydrocele was diagnosed. To make sure of the correctness of the diagnosis, he punctured the tumor with the hypodermic needle and withdrew fecal matter with serum. The child had no symptoms of strangulation, and was sent home; but next day symptoms of a strangulation developed, and an operation was performed. A second case was interesting from the fact that the child was subject to attacks of eclampsia, and during the attacks would develop strangulated hernia, which the family physician had always been able to reduce under chloroform. Dr. Gerster was called upon in one of these attacks, and after they had reduced the strangulated hernia in the usual way with chloroform, he performed a cutting operation, which resulted in a cure of the hernia.

In the discussion which followed the reading of these papers, Dr. GIBNEY said it was the custom, in case the surgeon's operative measures proved unsuccessful, to lay blame on the general practitioner for having employed taxis for too long a time; but he had known many cases of reduction to take place after the employment of taxis for a considerable length of time. He had never seen a case of hernia in a child under two years of age which he could not reduce under chloroform, and when reduction had been effected the case could be cured by the use of a truss.

Dr. Gerster said, as bearing upon the paper of Dr. De Garmo, that in twenty-four operations of herniæ of different kinds, he had found adhesions in the scrotum in only one case, that being a case of congenital hernia in an adult. He understood Dr. De Garmo to say that in several of his cases there were adhesions in the scrotum which he felt give way under manipulation.

Dr. De Garmo explained that in only one case did it seem that adhesions could be felt breaking down in the scrotum.

The discussion was participated in by Drs. JONES, FRUITKNIGHT, W. GILL WYLIE, and the President.

—The Rotunda Lying-in-Hospital, of Dublin, one of the largest hospitals of its kind in Europe, has been left without funds by the action of the town council. It seems that the Board of Governors of the hospital is largely Protestant, and that the council desire to have some representatives of their own religious persuasion on the board.

BRITISH GYNECOLOGICAL SOCIETY.

Meeting of Wednesday, Nov. 23, 1887.

G. GRANVILLE BANTOCK, M.D., President,
in the chair.

Retained Products of Conception.

DR. EDIS exhibited the placental portion of an ovum, which he had removed from a patient three months after a miscarriage. There was no fetor, the placenta having apparently retained its attachment, at least partially, to the interior of the uterus. Hemorrhage had persisted on and off the whole time, and the anæmic condition of the patient was evidence of the severity of the loss. The uterus was found to be very bulky, and a portion of the placenta protruding from and tightly gripped by the cervix. The case well illustrated the necessity of examination in all cases where uterine hemorrhage persisted.

DR. AVELING believed, when the uterus was sufficiently dilated to admit the finger, it could be used to clear out the cavity far better than any ovum forceps yet invented. By pressing the uterus down from above he had never met with a case in which he was unable to reach the fundus.

DR. HEYWOOD SMITH found the following method generally successful: The cervix was rapidly dilated with graduated sounds, and then, after having removed with small uterine forceps any fragments of placenta that could be reached, he freely applied the solid nitrate of silver to the interior.

DR. GRIGG, DR. CHALMERS, and others also made remarks.

Tumor with Twisted Pedicle.

THE PRESIDENT exhibited a small, dermoid, ovarian tumor, which he had removed the same afternoon. He had previously pointed out that the condition of twisting of the pedicle might frequently be diagnosed from the history of the case, as in this instance; that, when rotation occurred, the symptoms were in proportion to the rapidity and completeness of the strangulation.

The Nature of the Hymen.

MR. BLAND SUTTON pointed out that the vagina was formed in the same manner as the rectum by an invagination of the epiblastic layer, termed the proctodæum, coming into contact and fusing with the posterior segment of the primitive gut. The distinction between the two parts remained throughout life; for, in the rectum, a ridge of adenoid tissue marked the situation where

the squamous epithelium of the anus joins the columnar cells of the rectum. In the vagina the corresponding spot was indicated by the hymen or its remains.

The mode by which the proctodæum and the gut became fused was as follows: When two cul-de-sacs came into contact and exercised pressure upon each other, the edges gradually cohered and joined organically. At this stage the lumen was yet obstructed by a thin septum. This gradually became thinner from pressure, and ultimately perforation took place. The hole gradually increased, and the septum slowly disappeared until a complete channel was the result.

In the case of the anus, it was clear that, if the invagination failed to reach the gut, an imperforate rectum would be the result. From a study of these conditions, he was convinced that the hymen was merely a thin septum resulting from the imperfect coalescence of the proctodæum with the urogenital section of the cloaca. Should the septum be complete, it was termed an imperforate hymen. Occasionally the perforation was multiple, eccentric, or cribriform.

Similar evidence as to the nature of the hymen was obtained from the opposite end of the alimentary canal. The mouth and pharynx, with the associated structures, were derived from an involution of the surface epiblast named the stomodæum. This met the blind anterior end of the foregut at a spot eventually corresponding to the cricoid cartilage. Should these parts fail to unite, an imperforate pharynx was the result; when the coalescence was imperfect, then a hymen-like diaphragm might be found. So far as the alimentary canal was concerned, diaphragmata of this nature occasionally existed between the pharynx and the œsophagus, in the duodenum immediately above the entrance of the bile-duct, and in the rectum at the point of union of anus and gut.

Thus the formation of a diaphragm, sometimes complete, but more commonly perforated, at the entrance of the vagina, was only in agreement with what occurred in other parts of the body when two cul-de-sacs coalesced to form a continuous passage. Lastly, abnormalities of the vaginal orifice were not infrequently associated with defects of the alimentary canal, as might be expected, taking into consideration its embryological relations with the cloaca.

Enucleation by Electrolysis of a Large Uterine Fibroid.

DR. HOLLAND read notes of this case. Mrs. C., aged thirty-eight, mother of seven

children, was admitted into the Hospital for Women for uterine hemorrhage, which resisted all usual remedies. The uterus was much enlarged, reaching to the level of the umbilicus, and the sound passed to a depth of seven inches. There was no cervix available for a stump, and electrolysis was considered a legitimate procedure. The current was applied in the usual way on several occasions, the strength being gradually increased to three hundred milliamperes. Necrosis of the tumor resulted. This, with the help of the ecraseur, was successfully enucleated. On the second evening after this operation the temperature rose to 104° ; but was quickly subdued by quinine and the intra-uterine douche. The patient made a satisfactory recovery, and the uterus was found to have returned to its normal size. Dr. Holland remarks that the tetanoid contraction into which the uterus was somewhat persistently thrown by the electrical excitement on each occasion, led him to anticipate necrosis and enucleation as possible and probable contingencies. He also draws attention to the diagnostic importance of the galvanic current in tumor of uterine constitution, as by its means such tumors are so hardened and defined as to at once isolate them from any others with which they could reasonably be confounded.

DR. IMLACH said that Apostoli's treatment was almost as full of promise as were the electropathic belts so freely advertised at present. There was scarcely any pelvic disease it was unable to cure, and that it caused uterine fibroids to slough out was the only thing as yet unclaimed for it. Dr. Holland

has now shown that it would do even this. It was doubtful, however, what part electrolysis had played in this case. It was possible that the fibroid was lying in the uterine cavity ready at any moment for extrusion, and that any irritant or cautery would have acted as well.

DR. MANSELL MOULLIN thought the operator was much to be congratulated on the successful result of his case. He could not help thinking that the element of good fortune had been largely present throughout. His patient had been fortunate in escaping the dangers of septicæmia, which every one knew was a very imminent danger in the case of a sloughing fibroid. It was to be trusted that the operator's explanation of the reason necrosis had taken place was the correct one, thereby presupposing a strong uterine wall outside the tumor. It would be most undesirable when employing the current to establish necrosis in a tumor which was either subperitoneal or interstitial. Dr. Mansell Moullin thought that in suitable cases of submucous fibroids the electric current would be found of much service in connection with the operation of enucleation. Its action was to hasten the process which nature was in many instances already attempting to effect. It forced the tumor downwards and through the cervix, thus dilating the passage and bringing the tumor within reach of the operator. There was no evidence of any diminution in bulk as claimed for the electrolysis by Apostoli, and, in the numerous instances in which he had seen the treatment carried out with that view, failure had resulted without exception.

EDITORIAL DEPARTMENT.

PERISCOPE.

Therapeutics of Salol.

Three papers upon salol have lately appeared in the *Therapeutische Monatshefte*, 1887, Nos. 47, 51, 52. The first of these is by Bielschowsky, on the treatment of acute articular rheumatism with salol; the second is by Rosenberg, on salol as an anti-rheumatic; the third by Feilchenfeld, on experiences with salol. From a review of these papers in the *Centralblatt f. d. med. Wissensch.*, November 5, 1887, we learn that Bielschowsky treated twenty-seven cases of acute articular rheumatism with salol; and that nineteen of these cases were promptly and completely

that fourteen of them had the disease in a severe form. In two of the remaining eight cases, salol had only a slight action, and the patients were cured with salicylate of sodium; while in six, in spite of subsequent treatment with salicylate of soda, the disease assumed a chronic form. Relapses were observed eight times. The author thinks that even if salol has no greater anti-rheumatic activity than salicylate of soda, it is still to be preferred to the latter, inasmuch as large doses of it do not produce toxic symptoms. Only one patient had slight ringing in the ears, and one other eruptions at times. Skin eruptions, sweats, and stomachic disorders were entirely absent. The author generally gives seventy-five grains of the drug in five hours, but in a cured by the drug, notwithstanding the fact

few cases one hundred and twenty grains in eight hours.

In the second paper, Rosenberg notes the action of salol in articular rheumatism as in general very prompt. Relapses, however, seem to him, in spite of active treatment with it, to be more frequent than after treatment with salicylate of soda. Complications are not wanting. In opposition to the statements of Bielschowsky, the author frequently saw ringing in the ears and sweats; more rarely nausea, eructations, and vomiting. On the other hand, persistent disturbances of digestion, such as occur after the use of salicylate of soda, were not observed.

In the third paper, Feilchenfeld states that he has used salol for catarrh of the bladder, in doses of fifteen grains, two or three times a day, and has obtained good results. Alkaline urine became acid, the quantity of pus contained in it was diminished, and the quantity of urine increased. In some cases the drug had to be discontinued on account of causing too frequent micturition. Other disagreeable effects were not noticed. The characteristic color of carbolio urine, which frequently occurs, soon disappeared in spite of repeated use of the drug. The author thinks that salol can also be profitably employed in the treatment of leg ulcers. In one patient who had had a bubo removed, which was the result of a chancroid, the wound subsequently became chancroidal. In this case, after other remedies had been used without success, salol effected a cure. On the other hand, he saw no good results follow its use in tuberculous ulcers.

On the Treatment of Cerebral Hemorrhage.

Dr. Leonard Bradden, discusses in the *Lancet* the treatment of apoplexy, and recommends immediate compression applied to the nearest arterial trunk. If the seat of the hemorrhage is diagnosed, the carotid upon that side ought to be immediately compressed, and the pressure should be kept up for several hours. If it should be impossible to determine the site of the lesion, both carotids might in grave cases be compressed. If continued pressure cannot be applied efficiently, the carotids on the side of the lesion ought to be tied.

In some grave cases, when the mechanical pressure of the hemorrhage is the principal element of danger, Dr. Bradden believes that trephining is indicated, to give issue to the effused blood. He insists on the sitting posture (less blood going to the head in the sitting than in the recumbent position), and

the internal administration of nitrite of amyl and the nitrites generally, pilocarpine and the tension-decreasing remedies. Warmth to the hypogastrium, and hot baths, act similarly. He would eschew the external application of cold, "for cold externally, means congestion inside." In short, the time-honored treatment is, he thinks, all wrong; and even the utility of purgatives is, he believes, a moot question.

A Case of Chyluria.

An interesting case of chyluria was reported by Rossbach at the Sixth Congress for Internal Medicine, held at Wiesbaden in the preceding spring. The patient was a "fat anæmic," of twenty-one years, with a compensated mitral insufficiency. Day and night she passed a milky, cloudy urine, the amount of which fell in an extraordinary manner just before the menstrual period to as low as 14 ounces, then rose and was not seldom above normal. It showed moderate coagulation, and, microscopically, numerous fat-drops of various sizes. The amount of fat varied between 1.5 and 10 grains. There were, beside, a few white blood corpuscles, fibrine generators, and several varieties of albumin. Careful examination showed that the albumin and fat must have entered the urine through the kidneys, and that the fat came partly from the body itself, partly from the food albuminates. Fasting for several days had no effect in increasing the amount of fat excreted. By excessive feeding with albuminates and carbohydrates and withdrawal of fat the excretion of fat increased fourfold, but fell on the addition of fat to the food.

The patient had an abnormally small area of liver dulness, and it is not impossible that all the symptoms depended on some morbid condition in the liver.—*Schmidt's Jahrb.*, October, 1887.

A Case of Raynaud's Disease.

At the meeting of the Midland Medical Society, held October 19, 1887 (*Lancet*, November 12, 1887), Dr. Suckling showed a strumous-looking girl, twelve years old, who was suffering from symmetrical gangrene of the fingers and toes. When two years old she was bitten on the right forefinger by a rabbit, and three months after this the fingers began to be blistered. Since that time she has never been free for a month from a sore finger or toe. She suffers from paroxysmal attacks of inflammation in the fingers, accompanied with severe pain. The terminal phalanges, with the distal half of the middle

phalanges, are lost in the fore, ring and little fingers of both hands; the fingers themselves are swollen red, and ulcerated at their extremities. The thumb is inflamed and the terminal phalanx is necrosed. There is no anæsthesia and no pain. The skin of the legs is bluish and thin, and ulcerated in several places, the slightest injury causing an intractable ulcer. The terminal phalanx of each little toe has been necrosed. The knee-jerk is present, the plantar reflex is lost. The condition of the extremities is always worse in cold weather. There is no history of struma in the family, but the girl herself is weakly and ill-nourished.

Resorcin in the Treatment of Venereal Warts.

A new method of using resorcin in the removal of venereal warts is recommended by Boech, of Christiana (*Monatshefte f. prakt. Dermat.* v, p. 93, 1886). After removal of the warts by the scissors or sharp spoon, a four to six per cent. watery solution of resorcin is applied, and removed every four or five days. If the disease returns, a powder—eight parts of resorcin to one of sugar, bismuth, or boric acid—is sprinkled over the wound, and absorbent cotton applied over it. As the remedy is very irritating, it cannot be used long in strong solutions, but must be alternated with a weaker solution of the same, or of nitrate of silver. It can obviously not be left in the patient's hands.

On the Etiology of Tetanus.

Giordano reports the following interesting case (*Giorn della accad. di med. di Torino.*, 1887, No. 3, 4): A man of 40 years fell from a hay-loft to the frozen ground, and was admitted to the hospital twenty hours later with a complicated fracture of the forearm. The wound was very dirty. It was dilated, cleaned with sublimate solution, drainage applied and partially sutured. On the fourth day trismus appeared; on the seventh death from tetanus. Giordano at once removed some blood from the wound, and placed it, as well as pieces of thrombosed vein and median nerve, at once in sterilized bouillon. A fragment of necrotic tissue contained microbes, but not the bacillus of Nicolaier. Inoculation had a negative result, as had also inoculations and cultures of blood and median nerve, medulla, spleen and pus from an abrasion on the lip. On the contrary, pus from the sheath of a vessel in the wound, and that from a thrombus in a vein, produced tetanus in rabbits and guinea-pigs.

Particles of straw from the place the man struck on falling, when inserted under the skin, produced tetanus in a rabbit in three days. The pus from this animal contained a few specific, and many other bacilli, and caused tetanus in two other rabbits. From the latter, other rabbits were successfully inoculated. Infusion of the medulla did not produce tetanus. An infusion of the dust from the locality had no effect, but inoculations of a culture of it six days old caused tetanus, and the culture contained a few specific bacilli.

Giordano emphasizes the fact of material from the surface of the wound being sterile, while that from the deep part and the thrombus were effective. He believes that as the other organs did not contain the tetanic poison, it could be assumed that the lethal effect depended on substances absorbed from the wound. He very properly ascribes the sterility of the superficial materials to the antiseptic used, while the thrombus and deeper lying pus were not reached by it, and therefore capable of exerting their wonted effects. The practical conclusion to be drawn from the latter fact is evident.

Severe Blow on the Loin followed by Copious and Long-continued Hæmaturia.

The *Lancet*, Nov. 19, 1887, reports the case of a well-grown, muscular laborer, who was admitted into Middlesex Hospital, December 14, 1886, under the care of Mr. Hulke. He was suffering, at the time of his admission, from concussion of the brain and a scalp-wound, and, in addition to these injuries, he had a bruise on the left loin. He was said to have fallen headlong off a scaffold twenty-eight feet above the ground, and to have struck his left side on a projecting beam. The first urine which he voided contained a very large admixture of blood, and the hæmaturia continued, with slight variations in the quantity of blood, until December 25, 1886, when an evident decrease was first noted, coincidently with the exhibition of acetate of lead in doses of three grains every three hours. Traces of blood did not finally disappear from the urine until January 3, 1887, about which date a small quantity of pus was noticed in it, and a few hyaline casts.

With reference to the cause of the hæmaturia, Mr. Hulke remarks that it hardly admits of doubt that the source of the hemorrhage was the kidney, which had sustained some degree of laceration; for the amount of blood was too great to have proceeded from the ureter, and there was not anything

to suggest an affection of the bladder. That such lacerations of the kidney are not necessarily fatal without operative intervention is, he believes, abundantly established by experience; and they do not necessarily demand nephrectomy, which should probably be restricted to the severest forms of injury. In this and in other similar cases, acetate of lead has appeared to him to be decidedly useful.

Quiet Iritis.

At a meeting of the Ophthalmological Society of London, on November 10, 1887, Mr. Johnathan Hutchinson, Jun. (*Lancet*, Nov. 19, 1887), related several cases of quiet iritis in which the attack, sometimes leading to extensive adhesions to the lens, and involving much deterioration of sight, was from the first unaccompanied with the typical features of inflammation. It was, perhaps, not sufficiently known that iritis in certain cases did not reveal its presence by the characteristic frontal pain, and was practically unattended by congestion or photophobia, though this fact had been pointed out by various ophthalmic surgeons. He had tabulated thirty-seven examples of quiet or insidious iritis, and from these deduced the following conclusions:

1. Sympathetic inflammation, congenital syphilis, and inherited arthritic (gouty or rheumatic) tendency are probably the most frequent causes of quiet iritis.
2. This form is very rare in the iritis of acquired syphilis, that of the ordinary rheumatic type, and in traumatic or herpetic iritis.
3. Sex and age have little or no influence in modifying the severity of the symptoms accompanying iritis.
4. That a constitutional tendency cannot always be invoked as the reason for the fact that iritis takes on an insidious form, is shown by the occasional occurrence of two attacks in the same patient, one being accompanied by violent inflammatory symptoms, the other perfectly quiet throughout.
5. The absence of the ordinary symptoms of iritis by no means always implies a mild course of the disease, some of the cases going on to complete blindness of the affected eye.

Cystic Tumor of the Cerebellum and Right Adrenal.

At the meeting of the Pathological Society of London on November 15, 1887 (*Lancet*, November 19, 1887), Dr. Charlewood Turner exhibited a specimen of cystic tumor of the cerebellum and right adrenal, which was taken from a man forty-four years old, who had been a policeman for ten years, and had been subjected to a good deal of knock-

ing about. Eight years before his death he was struck on his forehead with a brick. Eighteen months before his admission to the hospital, when his symptoms commenced, he began to complain of headache, referred to the occiput and forehead, accompanied with failure of sight, deafness of the right ear, and vomiting. He subsequently had incoördination of movements, with a tendency to fall to the right side. He became dull and torpid, and died in coma. At the autopsy, there was found a tumor on the right side of the cerebellum, and another on the upper surface, contiguous to the anterior part of the middle lobe, which it had compressed. The centre of each tumor was occupied by a cyst. The growth consisted of a fine reticulum, with round and elongated nuclei, traversed by a network of vessels, some of which presented varicose dilatation occupying much of the field. The right adrenal was converted into a tumor of the size of a fist, which consisted of a large cyst, surrounded by a wall of growth, having an adenoid structure resembling that in the cerebellar tumor, but more fibrous. There was also a cyst in the liver, containing clear fluid and cholesterine, and there were several cysts in the left kidney. Mr. Pye Smith has recorded a case in vol. xxxvi of the *Transactions*, in which there was a simple cyst in the cerebellum, associated with small cysts in the pancreas and kidneys.

Venesection in Sthenic Inflammations.

C. G. Wheelhouse, F. R. C. S., in the course of a lecture on the Surgical Treatment of Diseases of the Chest, which is contained in the *British Med. Journal*, November 26, 1887, says that modern physicians, in some cases at least, miss their way in the early treatment of such diseases as sthenic pleurisy, pneumonia, or acute pleuro-pneumonia, in which one good bleeding would often suffice, at the very commencement, to give command over the whole remaining course of the attack, and would often cure it altogether.

Many cases in which a patient, gasping for breath, with flushed yet livid countenance, motionless ribs, the side held as in a vice by pain, and a hard, incompressible pulse beating at 120, were in the author's experience at once restored to comfort, rest and refreshing sleep by one good bleeding, and it may be the application of a few leeches afterwards. He says he has seen the frequent repetition of this heroic measure make the last stage of a patient worse than the first; but in these days of moderation, of temperance in

all things, and of sound physiological knowledge, "we may surely learn to accept the useful, without being tempted into the dangerous portions of ancient practice."

Predisposition as a Factor in the Etiology of Facial Paralysis.

According to E. Neumann (*Arch. de Neurol.* xiv, p. 1, 1887) facial paralysis of so-called rheumatic origin depends on a "nervous" or neurasthenic diathesis. This rather novel view is defended by a series of clinical histories showing that patients with facial palsy, or their relations, present some neurosis. In one interesting observation, three of one family had paralysis, one of them having had two attacks.

New Treatment of Periuterine Inflammation by Electricity.

At the meeting of the Section on Obstetrics of the British Medical Association, held at Dublin last August, Dr. G. Apostoli, of Paris, read a paper on a new treatment of periuterine inflammation by electricity. A translation of this paper by Dr. W. Woodham Webb is published in the *British Medical Journal*, November 19, 1887. The following are the conclusions arrived at by the author:

"1. Electricity, in the form of Faradic currents of tension, can and ought to be made to calm the pain at the outset of an acute attack of perimetritis, and is a sedative of the first importance in abridging the first stage of inflammation.

"2. The continued current is a power which we use in two ways: first, in the form of intra-uterine chemical galvano-cauterization, to cut short the acute stage; second, as vaginal, negative, galvano-punctures, to get rid of the chronic condition in all its forms and stages.

"Is the restoration *ad integrum*, complete and definitive, the prevailing result of my treatment? I do not pretend that such is the case; I do not even expect it; and I content myself with offering for trial a method of relief and cure which I believe to be more speedy than others.

"Again, we may force electricity into our service in another way. Given a case of actual suppuration, or of threatening suppuration, we have only to use our negative galvano-puncture, form an eschar, open up a sinus, and direct the exit of the pus to the nearest point of the vagina. And this we can do at will, when it is most fit to do it, and in the most convenient way.

"We have, then, in the galvano-puncture an effective means of arresting an inflammation, and of dispersing an inflammatory deposit. Or, we may use it as a sure and direct way of opening a profound and ready formed collection of pus. No plan of setting up a vaginal drainage, controllable as to amount and duration, can be more simple; and this we may associate with any local and antiseptic treatment that may be desirable, as I have shown elsewhere in relation with the subject of hæmatocle.

"The subject, of which I have just jotted down the salient points for your consideration, is new and undeniably full of interest. You must not suppose that I think I have done much for it, as I may fairly claim to have done for fibromata and endometritis, but what I have seen and watched with painstaking anxiety is so rich in clinical results, so fertile in unexpected therapeutical consequences, that I feel I cannot too earnestly urge you to study the subject for yourselves, and to fathom it to the utmost, if possible."

The Value of Creolin in Surgical Practice.

The great disinfecting powers of creolin were first demonstrated by the investigations of Dr. E. von Esmarch, who showed that creolin was a more effective disinfectant than carbolic acid, or at the least was of equal value. Its germicidal powers and its antiseptic properties were tested on animals by Prof. Fröhner, who also gave it internally, and found it to be efficient against zymotic diseases of the digestive tract. The same experimenter proved that creolin is not poisonous, as animals to which he had given 750 grains of a pure preparation exhibited no disturbance of their general health. The results obtained by Fröhner induced Kartium to experiment with creolin to determine its uses in surgical practice. From the *Deutsche Medicinal-Zeitung*, December 5, 1887, we learn that he first used it in a severe case of puerperal fever, with extensive suppuration and ichorous infiltration of the joints. The genital organs, as well as the opened joints, were bathed with a one per cent. solution, with the immediate result that the horrible odor which stuck to all the patient's secretions and excretions was completely lost. It was next employed in the form of creolin bandages in a series of large leg ulcers, with excellent results; and, finally, in fresh cases soon after operation. In these cases iodoform and corrosive sublimate were purposely not employed, and the course of

the wound was so conspicuously favorable that the author urgently recommends a similar use of it to other surgeons. In leg ulcers the first dressing (consisting of gauze compresses, soaked in a one to two per cent. solution of creolin) was removed after four days, when a complete change was seen in the base of the ulcer. Ulcers, which before had been treated in vain with iodoform and other approved remedies, healed rapidly under creolin, with exuberant formation of granulations.

Solutions of creolin are also markedly styptic, so that the author was able to check parenchymatous hemorrhage with it very satisfactorily. As the result of his experiences with creolin, Kartüm believes that he can predict for it a prominent place among antiseptic agents; for it has both the favorable properties of iodoform and those of corrosive sublimate, without being poisonous, as these latter are. He believes that the introduction of this drug to surgical practice is a great step in advance, as it accomplishes what nothing has accomplished heretofore, being non-poisonous, disinfectant, capable of checking secretion, favoring the formation of granulations, and styptic to a certain degree.

Abscess of the Lung, Probably Caused by the Stump of a Tooth Passing into Right Bronchus.

Dr. William Stranger, senior physician to the Worcester General Infirmary, reports the following interesting case in the *Brit. Med. Journal*, November 26, 1887:

E. M., a robust young woman, 23 years old, with well-developed chest and fine physique, and in good health, although in infancy she had been the subject of scrofulous abscesses of the hands and feet, took chloroform, for the extraction of several stumps of teeth, on February 17, 1887. A few days afterwards a troublesome irritative cough came on, with slight muco-purulent expectoration. This condition continued until the month of June—four months. During this time she was never entirely laid up, although frequently confined to her bed for two or three days; nor did she lose very much flesh or appetite. The cough continued to annoy her greatly; the expectoration increased, and the strength began to fail. She was first seen by him as an out-patient at the Infirmary on June 8, and on June 15 her case appeared to be so serious that she was placed under treatment in a private house.

There was almost incessant cough, preventing any sleep, except by the use of nar-

cotics; large muco-purulent expectoration, which was very offensive; coarse *râles* over a large area of the centre of the right lung, extending from the upper third of the scapula down to the ninth rib vertically, and from close to the spine to just above the nipple transversely. In front, there was great tenderness over the third, fourth, and fifth ribs, but no pointing or bulging of the intercostal spaces. Over the other parts of the lung respiration was free and normal, with the exception of some dulness at the base. The left lung was rather hyper-resonant. The paroxysms of coughing continued unceasingly for several hours at a time, almost abolishing sleep. There was not very much loss of flesh; the appetite was good; the pulse 110; temperature 102° F.

From the account given by a young friend who accompanied the patient to the dentist, it appeared very probable that a stump had escaped the operator, and had passed down the trachea into the right bronchus. This idea was confirmed by the friend stating that there was great searching of the mouth for a stump, and some alarm expressed. Further, she stated that before the patient came to the Infirmary, rings of cartilage, showing necrosis, were found in the sputum, which was horribly offensive. From June 15 to July 18, the case continued to increase in severity and urgency. The cough was almost incessant; bad bedsores formed from the continuous sitting posture; the temperature, however, only varied between 101.4° and 99°, and was often normal.

The pulse on June 16 was 146, on the 19th, 160, then it fell gradually to 120 on the 26th, again rose to 140 or more, and finally dropped, under large doses of brandy, to 120, where it remained until July 18, the thirty-third day of treatment, and five months from the date of the tooth drawing. During the whole of this time hectic fever continued to consume the patient's strength. The expectoration was putrid to the last degree, the room, and also the house itself, being only rendered bearable by chlorine gas freely used, with deodorants to the sputum. For some time past the sputum had contained a large quantity of broken down pulmonary tissue which settled in quantities to the bottom of the vessel. From two to three pints of this stinking stuff were expectorated daily. Occasionally it ran in a stream from the patient's mouth, and this caused a very tiresome aphthous condition. Large amphoric breathing with metallic tinkling was now heard in the centre of the lung over a space of over four inches square.

Having now, on July 18, five months from the access of cough, to deal with a gangrenous abscess of very large dimensions, with continuous destruction of lung tissue, which abscess had certainly existed for thirty-four days, if not longer, Dr. Stranger came to the conclusion that nothing but puncture of the lung, reaching the abscess, and draining it, would give the patient any chance of surviving, even for a few days.

On July 18, the operation was performed. The needle of an aspirator was pushed quite home into the chest, just below the ninth rib, and at one inch behind the axillary line. A drop of pus appeared almost at once. Free vent was given to the pus, and a drainage tube inserted, the wound being dressed antiseptically. Recovery was slow, but by October 29, the patient had gained fourteen pounds in weight, and all signs of the immense abscess and its cavity had disappeared.

The Part played by the Nose and the Anterior Respiratory Passages in Respiration.

R. Kayser reports in *Pflüger's Archiv* some investigations upon the part played by the nasal cavities in the warming and vaporization of the inspired air. In these he differs from the results obtained by Aschenbrandt. From the *Centralblatt f. d. med. Wissensch.*, November 5, 1887, we learn that Kayser regards as incorrect the assertion that a vital rôle attaches to nasal respirations, which cannot be accomplished by mouth and throat breathing. By means of a series of experiments, similar to those employed by Aschenbrandt, he established the most essential results of the latter's researches. He finds that air passing through both nasal cavities (five liters in 30 seconds), when the temperature of the outside air is from 50°–54° F., is warmed to about 88° F., and is completely saturated with vapor; and this occurred although he was careful to hermetically seal the nasal cavities by firm pressure of the palate against the posterior nasal fossæ.

This result is not changed if the rapidity of the current of air is increased upon both sides. If the temperature of the outside air is lower, the degree of warming obtained is less, but is always decided; air at a temperature of 32°–39° F. is warmed to a temperature of 81.5° F. If the experiment is so conducted that the current of air, instead of passing through the nose, passes through the mouth and throat, then the degree of warming obtained is only slightly less, while the saturation with moisture is just as complete. The author also thinks that the deeper respiratory passages must play a rôle similar to that of

the nose or mouth and throat, if the air which reaches them is not already warm and moist. But in normal nasal breathing, the greater part of the work devolves upon the nasal cavities.

The opinion of Aschenbrandt with reference to the purification of the air from dust as it passes through the nose, Kayser does not find verified in his own experiments. He thinks, moreover, that a certain quantity of particles of dust must penetrate even into the lungs.

Foreign Body in the Right Bronchus; Tracheotomy; Recovery.

R. M. Simon, assistant physician to the General Hospital, Birmingham, reports the following case in the *British Med. Journal*, November 26, 1887:

A boy, six years old, was admitted on the night of Tuesday, October 11, suffering from cough, and with a history of one attack of very urgent dyspnoea. It appeared that on the preceding Sunday he had been unwell and had a cough. He was well enough to go to school on Monday, but in the afternoon, whilst hanging up his cap, he swallowed a damson stone, which he had in his mouth since dinner. A violent attack of choking came on, and he was sent home. A medical man was called in, but, though he passed an œsophageal bougie, he was unable to find the stone. The patient remained at home pretty well until late on Tuesday night, when, his breathing having become stridulous, and a bad attack of dyspnoea having occurred, he was brought to the hospital.

On admission he was found to be suffering from occasional cough. His voice was stridulous and his breathing noisy. Beyond slight impairment of resonance at the right base and a few coarse bronchial râles, nothing was revealed by physical examination. He remained pretty much in the same condition until the next morning, when there was very complete dulness at the right base, and a total absence of breath sounds over the same area. He had had only one slight attack of dyspnoea since admission. It was thought that he was suffering from collapse of the lower portion of the right lung, owing to the impaction of the damson stone in the lower division of the right bronchus. At 4 P.M. he had a most violent attack of dyspnoea, which lasted about six minutes. He became black in the face, and was very much distressed. At 5.30 P.M. there was found evidence of œdema of the left lung, in addition to the signs of collapse at the right base. It was thought inadvisable to defer operation, and tracheotomy was at once

performed. Nothing was to be seen, but the introduction of an oiled feather was followed by a violent expiratory effort and the expulsion of the stone. Owing to the accompanying laryngeal catarrh it was decided to leave a tracheotomy tube in. The boy's condition at once improved, and next morning, when the tube was removed, he was quite comfortable. Air entered the right base freely, and all dulness had disappeared. There remained only slight evidence of catarrh, and in a fortnight he was sent out quite well.

The author remarks with reference to this case that diagnosis of impaction of the stone in the right bronchus was rendered easy by the signs of collapse of the base of the right lung, and the only question to be considered was that of operation—whether it was wiser to operate at once or to wait. Most of the published cases record operations months after the accident, with at times good results, but more often with bad, owing to destructive changes in the lung. Many cases are recorded in which the foreign body has been expelled during a fit of coughing. In this case it was judged wise not to defer the operation, owing to the rapid changes in the lung; and it is noteworthy how quickly the lung recovered itself after the stone was removed. No doubt the attacks of dyspnoea were occasioned by coughing up the stone to the glottis. Had the boy been older, it might have been advisable to have inverted him, but the difficulty of teaching so young a child to take a deep inspiration at the moment of inversion was an obstacle to this procedure. In any case it seems the best plan to perform the harmless operation of tracheotomy at once, rather than to wait until the foreign body is imbedded in mucus and fixed by inflammatory exudation.

Statistics of the Results of Intubation of the Larynx.

In the *British Medical Journal*, November 19, 1887, Dr. C. J. Symonds, Surgeon in charge of the Throat Department of Guy's Hospital, London, after a brief summary of the history of the operation and its dangers, gives the following statistical statement of its results:

Dr. Ingals has collected 514 cases, with 134 recoveries, or 26.7 per cent. The greater number of these cases occurred in his own practice and in that of O'Dwyer and Waxham, all skilled operators. Dr. Waxham reports 136 cases of his own, with 37 recoveries, of 27.2 per cent.; and of these 72 were three years of age or under, with 16 recoveries, or 22 per cent., the youngest to recover being

nine months; 64 were over three years, and of these 21 recovered, or 32.8 per cent. It is stated that in every case membrane was observed before operation, and it is clear from the reports of the cases that in the vast majority death would have speedily occurred had not the operation been performed. The suggestion, therefore, that the success is due to early operation must, in the face of the reports, be silenced. Dr. Waxham concludes that 25 per cent. will be saved, and that, for his part, he will never perform tracheotomy again. So great a measure of success has not attended the practice of others. Thus Dr. Strong, in the discussion on Dr. Waxham's paper, reported 32 cases, with 31 deaths, the fatal issue being attributed to traumatic pneumonia, extension of membrane, and actual starvation. Another speaker, Dr. Hatfield, recorded 10 cases, all fatal. If the results obtained by Ingals and Waxham are contrasted with tracheotomy, the new operation stands first as a means of saving life. Tracheotomy under four is admitted to be, on the whole, successful. Dr. Ingals estimates the recoveries at 15 to 20 per cent.; Trousseau for all cases, 20 per cent., or 1 in 5. Individual operators can, no doubt, show better results than these; thus Dr. Mudd, in contrasting intubation and tracheotomy, gives as occurring in his own practice and in that of his firm 171 cases, with 46 recoveries, or 26.9 per cent. His later cases did better, for out of the last 32 no fewer than 16 recovered. This success he attributes to the milder character of the disease, and to the fact that the operation was performed earlier. Those who see much of tracheotomy know well how the results vary with the character of the disease, and the same influences act, of course, for or against intubation.

Dr. Symonds states that he remembers a series of 19 tracheotomies at Guy's hospital with 1 death, followed by another series in which they nearly all died.

An Epidemic of Typhoid Fever Traced to a Dairy.

Ali-Cohen, in a communication to the *Weekbl. van het Nedrl. Tijdschr. voor Geneeskunde*, reports 63 cases of typhoid disease which came under his observation during three months in Groningen. From the *Centralblatt f. d. med. Wissensch.*, November 5, 1887, it is learned that, two months before the outbreak of the epidemic, there were some mild cases of typhoid fever in a dairy which was situated in the suburbs of the city. In the yard of this dairy was found a large dung-heap, which was en-

tirely uncovered; the well lay close to the cess-pool. The dejecta of the patients were brought to the dung-heap or to the cess-pool. All the water which was used was drawn from that well. Of 58 patients who lived in different parts of the city, 43 obtained their milk from this dairy, and three used water from the well; 10 had used neither; while in two it was uncertain whether the milk or the water had been used or not. Without counting five patients at the dairy itself, about 80 per cent. of the cases were traceable to this source of infection. Of 43 persons who had used the milk, 23 drank it without having boiled it, 14 boiled it, and 3 used it with coffee. Moreover, in many houses in the city there were cases of typhoid affecting those who obtained their milk from that dairy, while others, who lived in the same house, but obtained their milk from other places, were not taken sick. The very same thing was noticed with regard to people living in the same house, some of whom took water from the infected well and others did not; those who did not remained healthy. A chemical examination of the well-water gave the following result: Reaction, neutral; no ammonia or hyponitrous acid; traces of nitric acid, much sulphuric acid (about 149.1 mgrm. per litre); organic matters, 25.1 mgrm. The investigation of the water for typhoid bacilli did not establish their presence; possibly because the methods used were imperfect, or because of the late time at which the investigation was undertaken. Nevertheless, the common infection through the milk is in this instance to be regarded as positively proved, as the 43 patients, who were scattered all over the city, had nothing in common except that they were exposed to the same injurious influence in drinking the milk.

Etiology of the Acute Nephritis of Childhood.

In the *Charité Annalen*, xii, 1887, S. 638, E. Henock has a paper upon the affections of the kidney in childhood. From a review of this paper in the *Centralblatt f. d. Med. Wissenschaft*, November 5, 1887, we abstract those parts of it which refer to the etiology of acute nephritis.

Acute nephritis of children, says Henock, as every one knows, is in the vast majority of cases the result or the attending symptom of an infectious disease; nevertheless it is an undoubted fact, that children may acquire acute nephritis without having passed through an infectious disease, but from the application to the skin of certain substances,

such as balsam of Peru, carbolic acid, and tar. Examples of nephritis arising in this way have been previously reported by the author; to these he now adds two new observations. In the latter, two children, seven and eight years of age, respectively, had been treated at the Charité for itch with inunctions of balsam of Peru, and were taken sick with acute nephritis in immediate connection with this treatment. Both cases resulted in recovery. Henock also thinks, as a result of his experience, that cold, either in the form of sudden drenching, or a more continuous and persistent action of the cold, is a more frequent cause of this disease than is commonly supposed. The combination of inflammatory diseases of the air passages with acute nephritis, with complete integrity of other organs, which Henock has frequently observed, he regards as further testimony to the connection existing between cold and acute nephritis. As proof of this assertion, he reports four pretty decided cases, in which the disease was introduced by a more or less diffuse bronchial catarrh, and at the time the patients were admitted to the hospital, all the symptoms of broncho-pneumonia; while the nephritis, as was proved with certainty, did not develop itself until some time later. The nephritis, he says, cannot be regarded as the cause of the bronchial affection, but both the latter and the former are to be referred to one and the same cause, namely, cold. In a fifth case, a girl nine years old was taken sick, immediately after a severe chilling, with purpura rheumatica, to which an acute nephritis was soon added. There remain, however, a number of cases in which cold as the etiological factor of the nephritis is as good as excluded, and in which the mode of origin of the disease is completely shrouded in obscurity. In a case of this kind affecting a boy ten years old, who was carefully guarded in bed during convalescence from a perityphlitis, nephritis suddenly developed. Before its onset the urine had been often examined, but never contained any albumin.

—In New York, Dr. Edson, of the Health Department, vaccinated sixty tramps at the 4th District Station House, on the night of December 7. The story of this achievement is graphically told by a New York daily paper; which also gives a thrilling account of the way in which Dr. John T. Nagle photographed a group of the tramps by the flash of a pistol loaded with gun-cotton and magnesium.

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N. A. RANDOLPH, M. D.,
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CLOSE OF VOLUME FIFTY-SEVEN.

The present number concludes the fifty-seventh volume of the REPORTER, and precedes its entrance upon the thirty-sixth year of publication. This long career has been marked with so many evidences of appreciation from the medical profession that its vicissitudes, as they recede in the distance, seem less like actual experiences than like the productions of a dream.

It is true the trials of the current year, the embarrassments inseparable from a change of management, the experiences of illness for one editor and of sudden death for the other, are too near to be indistinct. Still, the last six months have seen, we trust, no diminution in the vigor of the REPORTER, no wavering from the principles which its present managers believe to be calculated to increase its usefulness and prosperity. The experiences of the past eight months justify the expectation that the next year will be one of advance and improvement; and we enter upon it hopefully,

wishing to all our friends "A happy New-Year!"

GERMS AND PERITONITIS.

Nothing has contributed more to our knowledge of the relative influence of chemical irritants and micro-organisms upon the human economy than experiments conducted upon the peritoneum. The whole question of the etiological importance of the tubercle bacillus may be said to rest upon the results of investigations in regard to its action upon the peritoneum, and in the vitreous humor of the eye. So it is interesting to observe a new set of experiments made by Pawlowsky upon the action on the peritoneum of the chemical constituents of the contents of the intestines, and of certain microbes. In conducting these experiments Pawlowsky injected into the peritoneal cavity of rabbits a variety of substances. His first set of experiments was made with croton oil, which, in all but very small quantities, produced an acute hemorrhagic peritonitis. He next tried the effect of solutions of a digestive ferment: trypsin. This was found to be in the highest degree irritating, causing a severe hemorrhagic peritonitis, and death within a few hours. This was accompanied with marked evidences of constitutional disturbance: the hairs of the animals experimented upon were loosened, and rubbed off easily; their skin was roughened; and the epithelial layer of the peritoneum came off in large flakes. Microscopical examination of the peritoneum showed that in these experiments there were no bacteria present.

In another series of experiments Pawlowsky investigated the action of microbes pure and simple. The first experiments were made with a cultivated microbe, derived from human pus, which was at first taken for the staphylococcus albus. This, even when mixed with a small quantity of croton oil, did not cause the death of the animals. The same was found to be true in regard to sarcina; so that Pawlowsky concludes that non-pathogenic micro-organisms, even when mixed with small quantities of a chemical irritant, are not capable of producing peritonitis.

His conclusions in regard to pathogenic micro-organisms are altogether different. His experiments with these microbes were first made with cultivated staphylococcus aureus, derived from an acute osteomyelitis. When this was injected into the peritoneal cavity, in all but the most infinitesimal quantities, it produced intense fibrino-purulent peritonitis. Microscopical investigation showed that the microbes had increased rapidly in the peritoneum; and they were also found in the lymph spaces of the central tendon of the diaphragm, in the anterior wall of the abdomen, and in the capsule, the trabeculae and the peripheral layers of the pulp of the spleen.

The next line of investigation taken up by Pawlowsky was to ascertain the influence of the different parts of the contents of the bowels in producing peritonitis. He first injected into the peritoneal cavity of rabbits the unmixed contents of the intestine of a healthy and recently killed rabbit. This caused the death of the four rabbits experimented upon from purulent peritonitis. He next used the liquid obtained from the same material by filtration; and the animals so experiment on survived (*genesen*). Likewise did a rabbit injected with bowel-contents after sterilization for eight days by Tyndall's method; although in this case the autopsy disclosed the fact that particles of the bowel-contents were lodged upon the peritoneum and covered by a fibrinous layer, and the presence of a peculiar bacillus, which Pawlowsky describes. Cultures of this bacillus produced peritonitis in other rabbits.

The final conclusions of Pawlowsky are: first, that chemical irritants, in sufficient quantity, excite a hemorrhagic peritonitis; second, infection with microbes may produce an intense and rapidly fatal peritonitis without marked macroscopic signs, a fact which may explain the occurrence of fatal peritonitis, without demonstrable lesions, in human beings; third, intense infection with microbes produces a hemorrhagic peritonitis; fourth, a less overwhelming infection produces a fibrino-purulent peritonitis; fifth, when the infection is not so severe, or when the animal

survives a long time, the peritonitis is of a purulent character; sixth, free secretion of fibrin is the means adopted by the peritoneum to protect itself.

We have not laid these interesting facts before our readers merely because they are interesting; but rather because they have a most important bearing upon the beliefs and practice of every medical man. They seem to establish the fact that, of all the ingredients of the intestinal tract, the most dangerous, when they come in contact with the peritoneum, are the micro-organisms; and they justify the practice of modern surgery in endeavoring to exclude from the peritoneum the baneful influences of these micro-organisms, by excluding the micro-organisms themselves, or by rendering them innocuous by suitable chemical antidotes. These experiments have also an important bearing upon the question of the so-called germ-theory of disease; and, so far as the peritoneum is concerned, they seem to demonstrate the fact that the most dangerous and most rapidly fatal forms of peritonitis are those which depend for their intensity upon the presence of microbes; so that, for peritonitis, we may consider the germ theory to be pretty well established.

QUACK ADVERTISEMENTS IN RELIGIOUS NEWSPAPERS.

From time to time medical men and medical journals have protested against the prostitution of the columns of religious newspapers to the use of advertisers of quack nostrums. This protest does not apply to temperately worded representations of what seems to have been accomplished by, or what may reasonably be expected of, a remedy or device for the cure of disease or injury. But it does apply to advertisements couched in language which bears the stamp of falsehood on its face, or which is of such a character as to arouse suspicion in the mind of an intelligent man, uninfluenced by a money consideration.

The editors of most religious journals are, as a rule, men of so much intelligence that they will hardly attribute to trade-jealousy alone the objection which medical men have

to the recommendation of "sure cures" for baldness, fits, rupture, consumption, and so on, to persons who are apt to regard their religious teachers as safe guides in matters of health or disease; and who are not sufficiently familiar with the subtleties of the newspaper business to distinguish between the responsibilities of the editor and those of the publisher. As a fact most readers of periodicals have the impression that the advertisements they contain are endorsed by the editor. Advertisers rely upon this fact; and we cannot understand the casuistry which satisfies the conscience of a man who edits a periodical, ostensibly devoted to religion, which replenishes its coffers with the price of palpable falsehoods.

If it were true that a religious paper could not be financially successful without taking money for the advertisement of worthless or delusive remedies, a course might be suggested worthy of the main object of these papers. But it is not true; for there are a few happy illustrations of the fact that, even in a religious newspaper, "honesty is the best policy."

We call the attention of our large circle of readers to this matter, in the hope that they will use their influence to put an end to what we regard as a serious blemish in religious newspapers, and one which injures the good reputation which they ought to enjoy. And we call the attention of those religious newspapers to which our remarks may apply to this matter, in the hope that we shall not have to recur to it in a more explicit manner.

A SECRET OF SUCCESS.

In an interesting paper read before the New Hampshire Medical Society, this year, Dr. W. S. Leonard points out a number of reasons why the laity come to trust in the virtues of non-professional prescriptions, and neglect to seek the advice of their physicians. One of these reasons, to which attention may be profitably called, is the habit many medical men have of treating slight ailments slightly. This habit is often strongest in the ablest practitioners, who conscientiously believe that it is only honest to show a patient with a trivial ailment that it is

trivial. But we believe that it is rarely a good service to do this. As the physician's object is to cure, he must study what course is best adapted to this end; and if this be to keep to himself the belief that his patient is exaggerating the importance of his trouble, it is neither kind, nor especially virtuous, to disclose his opinion. This is a very different thing from practicing upon, and increasing, a patient's fears—the refuge of none but dishonorable men. It is simply showing proper consideration for the state of mind in which the patient is, and securing his harmonious coöperation in the work of cure.

An extreme of candor is harmful in many cases, as it rarely leads the patient to distrust his own opinion, and rarely raises his appreciation of the doctor's. More than this, the habit of treating hastily or superficially ailments which, to the physician, seem of little consequence, often leads patients to think that the physician despises cases which do not call for the greatest skill, or present features of rare interest. Dr. Leonard quotes a man with a lame knee, who came to an old physician whom he had tried in vain to interest in his case, and said: "Doctor, a man must come to you with his shroud in his hand, before you will do anything for him."

When the community thinks thus of a physician, his usefulness, as well as his prosperity, is in imminent danger. Both these are proper objects of solicitude for the right-minded physician; and for the sake of both he should not despise the lesser ills of his patients, remembering—besides the fact that what seems trifling may really be serious—that no ill seems small to the one who bears it, and that an honest and kindly sympathy for small ailments and little anxieties is the mark of a large heart and a wise head.

—A Congress of Physicians and Veterinary Surgeons, having for its object the scientific study of tuberculosis in man and the lower animals, will be held at Paris from July 25 to August 31, 1888. Any physician or veterinary surgeon may become a member of the Congress by enrolling his name and paying an assessment of ten francs (about two dollars). More complete details of the Congress will be published later.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the REPORTER.]

A TEXT BOOK OF ORGANIC MATERIA MEDICA OF THE BRITISH PHARMACOPŒIA, ETC. By ROBERT BENTLEY, M.R.C.S. Eng., F.L.S., etc. 8vo, pp. xxviii, 415. London and New York: Longmans, Green & Co., 1887. Price, \$2.50.

This book is very like that of Dr. Maisch, which we reviewed in the REPORTER, Nov. 19, 1887, and very much the same comments apply to it. It is admirably prepared, containing in concise sections a description of all the vegetable and animal parts or products which are included in the British Pharmacopœia, their sources, preparations, uses and dosage. It is handsomely illustrated, and clearly printed, and altogether a book creditable to the publisher as well as to the author.

ANNUAL REPORT OF THE SUPERVISING-SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES FOR THE FISCAL YEAR 1887. 8vo, pp. 308. Washington: Government Printing Office, 1887.

This volume contains a large amount of tabulated statistics of disease and injury coming under the care of medical officers belonging to the Marine Hospital Service. These statistics are for the most part well tabulated; but it would be an improvement if the varieties in each supervision were arranged in alphabetical order. Nearly 200 pages of this Report are occupied by accounts of cases selected from hospital practice, many of them of great interest. Those in which the blood-vessel system was involved are of especial value, and include no less than eleven cases of aneurism of the aorta.

We would recommend our readers to apply to Surgeon-General Hamilton for a copy of this useful Report, for it contains much matter which deserves wide reading.

DE L'ÉTAT DE LA DENTITION CHEZ LES ENFANTS IDIOTS ET ARRIÉRÉS. Par ALICE SOLLIER, née MATHIEU-DUBOIS, Docteur en Médecine, etc. 8vo, pp. 179. Paris: Aux Bureaux du Progrès Médical, 1887. Price, 4 francs.

The author of this book is a woman, who, in her preface, testifies to the kindness with which she has been treated by the Faculty in Paris during the course of her medical studies; and in her book demonstrates what good results may be secured by an earnest and conscientious use of opportunities which present themselves to all who truly seek them. She has taken up a study in which Bourneville and Magitot have already engaged, and has gathered some very interesting facts in regard to the process of dentition in idiots and children with retarded development. Her investigations demonstrate that anomalies and lesions of the teeth are found in 91 per cent. of all idiots, and that these anomalies and lesions affect almost exclusively the second dentition. She finds also that about half (45 per cent.) of the cases she studied had defects of the vault of the palate.

For other details of this interesting study, we must refer our readers to the book itself, which is well written, well printed and admirably illustrated.

PAMPHLETS.

THE USE OF ADHESIVE PLASTER IN ORTHOPÆDIC SURGERY. By A. B. JUDSON, M.D. From the *New York Medical Journal*, June 4, 1887. 12 pp.

HAY-FEVER. THE PRIZE-ESSAY OF THE UNITED STATES HAY-FEVER ASSOCIATION FOR 1887. By SETH S. BISHOP, M.D. From the *Journal of the American Medical Association*, July 23, 1887. 40 pp.

THE ANATOMY AND PHYSIOLOGY OF THE RECURRENT LARYNGEAL NERVES. By FRANK H. HOOPER, M.D. From the *New York Medical Journal*, July 9, 16, 23, and August 6, 1887. 40 pp.

ILLUSTRATIONS OF VIVISECTION. By MISS FRANCES POWER COBBE. Philadelphia: American Soc. for the Restriction of Vivisection, 1887. 23 pp.

—Dr. Judson's pamphlet contains an excellent description of the uses to which adhesive plaster can be put in the correction of deformities, and the way in which it can best be used. With this, is a very interesting history of the subject.

—Dr. Bishop believes that hay-fever is a functional nervous disease. This theory is not incompatible with the fact that a diseased membrane may be found in the nose after many recurrences of congestion in years of suffering. The remedies he suggests are chiefly nervines and general tonics. Quinine, he believes, is both palliative and, in a sense, curative. The best treatment consists in the administration of from $\frac{1}{4}$ – $\frac{1}{2}$ gr. of morphia, with from $\frac{1}{16}$ – $\frac{1}{8}$ gr. of atropia. Of operative treatment he does not appear to think very highly.

—The anatomy and physiology of the recurrent laryngeal nerves furnish a wide field for discussion, and one which has of late attracted considerable attention. Dr. Hooper has studied the subject very thoroughly, both in medical literature, and by experimentation. He concludes that these nerves are purely motor in function; that their action on the glottis is different, in different animals; in the dog they close, in the cat they open the glottis. In the human subject, the evidence seems to indicate that stimulation of the recurrent laryngeal nerves causes widening of the chink of the glottis. An important conclusion of Dr. Hooper is that ether-narcosis abolishes the function of the glottis-closers. In this, he opposes the view expressed by Dr. F. Donaldson, Jr., in the *American Journal of the Medical Sciences*, July, 1886.

—Miss Cobbe's pamphlet contains a number of illustrations copied from various works on physiology, showing the appearance of animals undergoing experimental vivisection. The object of the pamphlet is to excite repugnance to a method of study which involves the infliction of pain upon the subjects of experimentation. Those who are opposed to this method hold that its advantages are not commensurate with the hardships it entails upon defenceless beings; and Miss Cobbe is one of the most earnest and uncompromising of its opponents.

LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—After January 1, 1888, the *Journal of Reconstructives*, published by Reed & Carnrick, will be published under the title of the *Dietetic Gazette*. Dr. Geo. B. Fowler will be the editor; and the journal will be increased in size by the addition of eight pages.

NEW INSTRUMENTS.

THE JONES-MARTIN SPECULUM.

The speculum invented and used by Dr. August Martin, of Berlin, has been highly praised and much used in this country. Its blade is short and wide, and its handle of a size and shape which enables the assistant to hold it in position without being in the way; and it gives the operator the best possible view of the field of operation. But with the Martin speculum, irrigation, which is often required in operations within the vagina, is apt to cause a good deal of wetting of the patient, of the operator, and of his assistant. But the Jones-Martin speculum, made by Codman & Shurtleff, of Boston, has the advantages of construction found in the original, with the improvement of having the handle made of a tube, with a hook at the end, on which a small pail may be hung to catch the drainage. This makes the operation more cleanly; and the weight of water furnishes a certain amount of traction, and holds the speculum in place without an assistant.



CORRESPONDENCE.

Twins: One Black and One White.

EDS. MED. AND SURG. REPORTER:

Sirs:—A very interesting case has occurred in my practice which I desire to report, thinking probably it would be interesting to the readers of this journal.

Case.—A black negro girl about eighteen years old gave birth to twins at seven months, one of which was as black as the *ace of spades*, and the other as white as any white child I ever saw. This girl has been engaged as nurse in a white family a part of the year, but she has associated with both white and black. Both cords were attached to same placenta. Is this merely a freak of nature, or is it possible that they have different fathers? I would like to have the opinion of some of the brethren.

NEWTON HILL, M.D.

Pickensville, Pickens Co., Ala., Dec. 5, 1887.

Very Early Menstruation.

EDS. MED. AND SURG. REPORTER:

Sirs:—Recently I came across a case of early menstruation which I consider rare. It is very interesting to me; and, thinking it might interest other members of the profession, I will report it to the readers of the REPORTER.

Ellen B——, American born, but of German parents residing in this city, 11 years old, weight 120 pounds, began menstruating when sixteen months old, and has continued to do so regularly every month up to present time. The flow formerly lasted from two to four days, but of late it lasts from five to seven days. The mammae are much larger than they should be at her age, but not as large as in adult women. There is no growth of hair on the pubes. The girl is physically strong and healthy; she is not tall, but has large bones, and is plump and heavily built. Mentally she is weak, or deficient. Her parents say her memory is not good, and she cannot learn at school as other children do. The parents are honest, reliable, well-to-do people, having had a family of eight children—five girls living, older than this one, all apparently healthy; and two boys living and healthy.

I can give full credit to all they say of the past, and I have examined the child for the present myself.

S. P. BARNES, M.D.

Massillon, Ohio, Dec. 8, 1887.

Clinical Reading.

EDS. MED. AND SURG. REPORTER:

Sirs:—Find enclosed \$5.00 for my subscription for the MEDICAL AND SURGICAL REPORTER for the coming year. This is the twenty-second year that I have taken the REPORTER. Keep on improving the REPORTER; put in all the clinical reading you can.

Yours truly,

S. A. BENNETT, M.D.

New Portland, Me., Dec. 7, 1887.

[In reply to this pleasant note, we would say that we appreciate the desire of our subscribers to have practical subjects discussed in the REPORTER, and especially clinical notes and lectures. Having this in view, we have just completed arrangements to furnish during the coming year clinical reports and hospital notes of the greatest value, and hope to make this department a distinguishing feature of the REPORTER.—EDS. REPORTER.]

NOTES AND COMMENTS.

Two Cases of Poisoning with Nutmegs.

Dr. W. T. Dodge, of Marlette, Mich., in a letter to the *Med. Record*, November 12, 1887, says, that in June, 1886, he was called to see two children, a girl about four years of age, and a boy about eight, who had been left at a farm-house alone all day, and were discovered acting strangely on the return of the family in the evening. An investigation discovered pieces of nutmegs about the house, and the little girl stated that she had eaten one, but had vomited, and that the boy had eaten two. The latter soon becoming stupid, his parents became alarmed and sent for Dr. Dodge, who found him in a semi-comatose condition, and immediately administered an emetic and diffusible stimulants. Vomiting was free, but the coma increased until it was soon impossible to give him anything by the mouth. Hypodermic injections of brandy, ammonia, and small doses of sulphate of atropia were given, and artificial respiration was continued all night, but the little fellow did not rally, and died at an early hour the following morning. There was complete suppression of urine. The little girl became partially unconscious about two hours after the boy was taken, but could be at all times easily aroused and was all right in the morning. It will be seen that the symptoms were similar to those of opium poisoning, but there was no opium in the house, and there appears to be no doubt that the death of one child and the symptoms shown by the other were caused by eating the nutmegs. Probably both children would have died had not the little girl vomited soon after eating her share of the nutmegs.

Ligature of the Clitoris in a Young Child.

Dr. George F. Wilson, Assistant Surgeon, United States Army, of Fort Shaw, Mon. Ter., says in a communication to the *Med. Record*, November 12, 1887, that on the morning of August 29, 1887, he was called to go a distance of about twelve miles from Fort Shaw to see a girl six years of age, who had been taken seriously ill on the previous evening. He was informed that the child had been put to bed at its usual time, in good health apparently, and about ten o'clock it began to cry out with pain. The parents then examined the child to find the source of the trouble, and discovered that something was protruding from her vagina. On arriving at the house Dr. Wilson asked to see

the patient immediately, as the mental distress of the parents rendered their account still more bewildering. The patient, a thin and poorly-nourished girl, was lying on the bed, her clothes completely saturated with sweet oil, urine, and the water from many hop poultices, which had been constantly applied since the discovery of the trouble. Just above the meatus, and occupying the site of the clitoris, was a small, tense, œdematous swelling, about the size of a marble, and separated from the normal parts by a deep sulcus. As every attempt to examine the lump was met by struggles and screams on the part of the patient, and cries of despair from the parents, Dr. Wilson was obliged to administer a small quantity of ether. When partially under the influence of the anæsthetic the child voided her urine, which operation caused the lump to move about as if lightly suspended, at the same time bringing into occasional view the orifice of the meatus, which was to no extent involved in the swelling. As soon as the patient became quiet the mass was examined, and two small ends of thread were seen projecting from the sulcus, anteriorly. Traction on each separately, failed to loosen them, so it was then concluded that they must be the ends of an encircling ligature. Acting on this supposition the tumor was squeezed between the thumb and fingers, which relieved much of the tension, so that the bottom of the sulcus became visible. A thread was then discovered and cut with scissors, after which gentle pressure with the fingers restored the parts almost to the normal, to the very great joy of both parents. As the only other member of the family is a child about three years of age, it is probable that the girl must have tied the string herself. The sex, extreme youth, and undeveloped condition of the parts are the unusual features of the case.

Bantock on Listerism.

The *Glasgow Med. Journal* says that in a paper read before the British Gynæcological Society, 26th January, 1887, Dr. Bantock ventured to predict the future of Listerism in the following words: "Finally, gentlemen, what is to be the future of this system? Shall I play the rôle of prophet, and attempt to forecast its future? The old adage forbids. Perhaps, ere many years have gone over our heads, Listerism will already have become a thing of the past and as a tale that is told; perhaps the men of even the next generation, in the course of their study of this subject as matter of 'ancient history,' will be heard

asking of each other the question, 'What was it all about?' And perhaps it will be chronicled as one of the crazes to which, to our humiliation be it said, our profession has been given up soul and body. And as we now smile at the doctrines of the rationalists and the empiricists, of the dogmatists and the methodici, as we are lost in wonder and amazement at the belief in charms and amulets, and in the efficacy of the royal touch, and as we ridicule the vagaries of the alchemists and the astrologers, of the mesmerists and the healers by faith and prayer, as well as the antics of the African medicine man, so will our sons, perhaps, smile at the credulity of their fathers, and wonder at their unreasoning faith in the virtues of a practice which 'was based upon a hypothesis that was not proven,' and certainly was 'not true.'"

Emulsion of Castor Oil.

Ol. amygd. dulc.....	f. xx
Ol. ricini Ital.....	f. iij
Aq. rosæ.....	f. iij
Liq. ammon. B.P.....	f. 3j

Mix liq. ammon. and water; add gradually, with shaking, to the oils previously mixed. Scent with essence of bergamot, f3ij, or according to common sense (if any present). It will not separate for years if carefully mixed.—*Chemist and Druggist*, Nov. 26, 1887.

Antipyrin and Antifebrin in Hay Fever.

Dr. W. Cheatham, of Louisville, Ky., in a letter to the *Medical Record*, October 8, 1887, says that he used antipyrin for hay fever frequently during the summer and autumn of 1886, and always with the best results. During the summer of 1887 he tried both antipyrin and antifebrin for this affection. He then reports the following case:

"Mr. B—, foreman in a large railroad repair-shop, has had so-called hay fever for ten years; the difficulty begins with him in early spring, and ends with cold weather. He has taken, during the whole summer, a daily dose of fifteen grains of antipyrin, which has given him great comfort, relieving him entirely of all the fever symptoms, stimulating him for work, giving him good rest at night, and lessening very much all nose and eye symptoms."

Dr. Cheatham says that he used it in the summer of 1886 in fourteen other cases, with similar results. During the past summer he has tried the antifebrin in half of his cases. The effect has been about the same as that obtained from antipyrin. In a few of the cases some slight depression was complained

of, but this is readily corrected by small doses of belladonna or its alkaloid. Some of his patients have taken both the antipyrin or antifebrin (more frequently the former) daily—from ten to thirty grains of the former, or from four to six grains of the latter—for several months, with no bad effects. He believes it to be of great benefit in hay fever, and is anxious for others to try it.

Spurious Hydrophobia.

On November 29, a man called "Marschwald," by the *Chicago Tribune*; "Nassauld," by the *Philadelphia Ledger*; "Norswald" and "Marshwald," by the *New York Tribune*, died in the Brooklyn City Hospital after an illness of three days. His death was attributed to hydrophobia by the newspapers, and so it is said by Dr. T. C. Burnett, house-surgeon of the hospital. The best accounts we have gathered of the case show that the man worked in a tannery and was bitten September 8, 1887, by a Newfoundland dog, kept by the man's employer to drive away thieves. "There was nothing to show that the dog was mad;" but it was killed at once. The wound healed promptly and kindly. As soon as the man was bitten, he went to the City Hospital, where he remained nearly two weeks. Then he came out as cured. He was greatly alarmed about the wound from the bite and visited the hospital every week to have it examined. The owner of the dog, for whom Marshwald worked, said that the man was drunk when the dog bit him, and was trying to hold the animal with one hand. His condition was such that it was deemed necessary to send him to the hospital for treatment for *delirium tremens*. A horse, bitten at the same time, got well. Marshwald kept on drinking, and was in a state of intoxication when he went to the hospital for the last time. On Sunday, November 27, he went to the hospital, saying he was going to have hydrophobia, and showing that he had no hope of recovery.

In the treatment, milk, brandy, chloral, digitalis, and hypodermic injections of curare were given him, and he was confined in a straight-jacket and several men were employed to hold him.

The Diagnosis and Treatment of Lithæmia.

In a paper in the *Medical Record*, Dr. Thomas E. Satterthwait, after giving a brief history of the origin of the word lithæmia, which he ascribes to Murchison, and giving theories as to cause of the group of diseases of that name, gives the following three forms of the disease, with their diagnosis:

1. The hepatic form (hepatic dyspepsia): This variety of lithæmia introduces one at once to the sphere of the digestive functions, in which portal and hepatic congestions play important rôles. Prominent among the symptoms are those of gastric catarrh, distress in the epigastric regions, especially after eating, with drowsiness; acid eructations, a furred tongue and sluggish bowels. Palpitation will occur if the stomach be at any time dilated.

2. In the neurotic form the patient is apt to suffer from neuralgia, frontal headache, tinnitus aurium, a sense of weariness in the limbs, some form of mental aberration, perhaps, such as melancholy or hypochondriasis. Sometimes there are vertigo, muscular cramps, spinal irritations, vaso-motor disturbances, delusions, and, perhaps, epileptiform symptoms.

3. In gout there is a substratum either of the above forms, and in addition the individual tendency, which is usually, if not always, inherited, to deposition in joints, possibly induced, as Garrod thinks, by the alkalinity of the blood.

Diagnosis.—1. In the hepatic form a diagnosis rests upon the regular occurrence of uric acid in the urine, and especially before the usual acid fermentation takes place upon the deep color of the urine, and its high specific gravity when unaffected by remedies, and by the regular symptoms of hepatic congestion, with its concurrent phenomena, as already described.

2. In the neurotic form, one is only called upon to differentiate it from other organic or functional nervous diseases, in which case the regular occurrence of uric acid in a urine, before the period already mentioned, will indicate the source of the disturbance.

3. In gout the peculiar attacks, affecting, as they do, usually the larger joints of the toes, preceded by irregular cramps and spasms, having a short but violent exacerbation, in which the urine is notably free from uric acid, and followed by sudden and entire relief, while the urine is quickly loaded with uric acid, indicate with sufficient clearness that the affection is gout and nothing else.

Dr. Satterthwaite recommends in the treatment the diminution of the amount of nitrogenous food, but a mixed diet made up of foods which the individual patient can readily digest. The bowels should be freely moved, and for this purpose the natural laxative mineral waters are best. An outdoor life, with active exercise, should be insisted upon, and the patient should be restricted in the use of alcoholic stimulants.

This course of treatment is applicable especially to those of full habit. In other cases a more restricted diet, with rest and a tonic treatment, will be necessary. The author thinks highly of lithia and its preparations, and of strychnia. Dilute nitro-muriatic acid is useful in some cases. Patients should also drink freely of the various carbonated waters.

Hepatic Cirrhosis in Children.

Dr. R. Palmer Howard, of McGill University, Montreal, in a paper read before the meeting of the Association of American Physicians, Washington, June 2, 1887, reported two new cases of this affection, which is rare in children. He states that he did not have an opportunity of seeing the paper of MM. Laure and Honorat, which was published in the *Rev. Mens. des Mal. de l'Enfance*, March, 1887; and that the case reported by Dr. Marsh also escaped his notice. From Dr. Howard's paper, as published in the *American Journal of the Medical Sciences*, October, 1887, the following summary of his study of sixty-three cases is taken:

1. Most of the established causes of the disease in adults obtain also in children, more especially the use of alcohol, which existed in 15.8 per cent. of the whole number of cases. Other causes are syphilis (11 per cent.), tuberculous disease of other organs than the liver (11 per cent.), and, less frequently, venous congestions of the liver, peritonitis, and a general tendency to connective tissue formation in the system.

2. Syphilis occasionally tends to a diffuse interstitial hepatitis or cirrhosis, by first inducing an adhesive inflammation of the portal vein.

3. A general arterio-capillary fibrosis is not proved by these cases to be the usual, and probably not even a frequent, cause of hepatic cirrhosis in childhood.

4. More than half of the cases of hepatic cirrhosis in children do not appear to be produced by the above mentioned well established causes of that affection.

5. There is some evidence that cirrhosis of the liver may be very exceptionally induced by the acute infectious diseases—cholera, typhoid fever, measles, scarlatina; but proof of this is wanting.

6. The habitual use of a stimulating diet, or the absorption of the products of faulty digestion, are probably fruitful sources of hepatic cirrhosis in children.

7. It is in harmony with what is known of the causes of hepatic cirrhosis to believe that the bodies known as ptomaines may be capable of exciting a cirrhotic condition, and

investigation of this subject demands attention.

8. The period of childhood most liable to cirrhosis of the liver is from the ninth to the fifteenth year inclusive; but it may be congenital, and may occur at any age after birth.

9. It is twice as frequent in male children as in female.

10. Its symptoms are essentially the same in childhood as in adult life.

11. It is frequently accompanied by pyrexia.

12. Ascites or icterus, and frequently both together, are of common occurrence in the atrophic and hypertrophic forms.

13. The group of symptoms which have been referred to cholæmia or to cholestæmia, or to acholia, and even sometimes to uræmia, frequently usher in the fatal issue of hepatic cirrhosis in children.

The Treatment of Vaginismus.

The *Glasgow Med. Journal* says that Dr. More Madden, in a paper read on the above subject before the Obstetrical section of the Academy of Medicine in Ireland, January, 1887, gave it as his opinion that vaginismus was generally caused by neuromata occurring in the twigs of the superficial perineal branch of the pudic nerve. Many cases could be cured by forcible dilatation of the vaginal canal and stretching the pudic nerve, combined with general sedative treatment. In some cases Sims' or Emmet's operation might be necessary. In conclusion Dr. Madden pointed out that, even in the worst cases, the condition did not necessarily prevent impregnation.

Hypodermic Injections of Carbolic Acid in Rheumatism.

According to the Vienna correspondent of the *British Medical Journal*, October 8, 1887, Professor Benedict has been using with extraordinary success hypodermic injections of two per cent. solution of carbolic acid in the treatment of rheumatoid affections. He asserts that in even a few months after the injection into the part the joint will be freely movable and free from pain as though narcotized, and in recent cases joints in which there was great tenderness on pressure and distinct swelling of the bones would be apparently free from disease a few days after the injections; not only would the pain disappear in the joints in whose neighborhood the injections had been practised, but would be markedly lessened in distant joints. Professor Benedict believes that the carbolic acid has not only a local influence, but a general effect

in causing the elimination of the rheumatic poison. He has especially obtained good results by the simultaneous use of salicylic and carbolic acids. When the salicylate of sodium is administered by the mouth in small doses, and one to three subcutaneous injections of carbolic acid given in twenty-four hours, the course of the affection was very much accelerated, and no bad consequences were observed, especially if the treatment was carried out from the very beginning of the disease. Extraordinarily good results were obtained by the method in cases of inflammation of the sheaths of tendons, especially after injury. A few injections sufficed to cut short the morbid process, and no local pain or muscular atrophy, etc., was observed, provided the disease was treated in the above-mentioned way from the very outset.—*Therapeutic Gazette*, November 15, 1887.

Darwin as a Medical Student.

In 1825 Darwin was a student of medicine at the University of Edinburgh; but, according to his own account, not a very diligent one. The immediate impression of his studies he describes as follows in his autobiography:

"The instruction at Edinburgh was altogether by lectures, and these were intolerably dull, with the exception of those on chemistry, by Hope; but to my mind there are no advantages, and many disadvantages, in lectures compared with reading. Dr. Duncan's lectures on *materia medica* at eight o'clock on a winter's morning are something fearful to remember. Dr. — made his lectures on human anatomy as dull as he was himself, and the subject disgusted me. (There are survivors who can fill the blank and recall the memory.) It has proved one of the greatest evils of my life that I was not urged to practice dissection, for I should soon have got over my disgust, and the practice would have been invaluable for all my future work. This has been an irremediable evil, as well as my incapacity to draw. I also attended regularly the clinical wards in the hospital. Some of the cases distressed me a good deal, and I still have vivid pictures before me of some of them; but I was not so foolish as to allow this to lessen my attendance. I also attended on two occasions the operating theatre in the hospital, and saw two very bad operations, one on a child; but I rushed away before they were completed. Nor did I ever attend again, for hardly any inducement would have been strong enough to make me do so; this being long before the blessed days of chloroform."

For Chapped Hands.

A cream for chapped hands, which is far superior to many of the similar advertised products, is made as follows:

Quince seed.....	ʒij
Rose water.....	℥iv
Glycerine.....	℥ij
Tr. benzoin.....	ʒij

Macerate the quince seed in the rose water for twenty-four hours. Strain, and add the glycerine and tr. benzoin.—*Drug. Bull.*

Elegant Mouth-wash.

Edina sends a sample of a mouth-wash, half a teaspoonful of which in a wineglassful of water is used to refresh the mouth. It is a pale crimson and transparent solution, with the odor of oil of wintergreen. Its composition is fairly represented by the following formula:

Oil of wintergreen.....	ʒj
Oil of peppermint.....	℥xv
Rose-aniline hydrochlorate[(or magenta).....	gr. ss
Water.....	ʒss
Glycerine.....	ʒij
Rectified spirit to.....	℥j

Dissolve the oils in the spirit, and the rose-aniline in the water; mix the latter solution with the glycerine, and pour it into the perfumed spirit. Mix.—*Chemist and Druggist.*

Disinfecting Books.

The Sheffield correspondent of the *Chemist and Druggist* says that a fruitful medium for the dissemination of small-pox is afforded by the books of the Free Library. The committee of the library have recognized this, and have ordered the books disinfected. The apparatus employed consists essentially of an oven heated by hot-water pipes communicating with a boiler at the base. At the bottom of the pipes is a copper tray for holding disinfecting fluid. The vapor thrown off by the heat is absorbed by the books, which are thus purified. One hundred books can be disinfected at one time.

Benzol in Whooping Cough.

Dr. John Lowe speaks highly (*Brit. Med. Journ.*) of the efficacy of benzol in whooping cough after the acute stage is past. He gives it in the form of a mixture, of which the following is the formula:

Benzol. puriss.....	℥xxxii
Glycerin. pur.....	f iss
Ol. menthæ pip.....	℥x
Syr. mori (Mulberry).....	ʒss

The dose of this for a child of four or five is a teaspoonful every two hours. The taste of the mixture is not unpleasant. Benzol has the properties of diminishing expectoration and decreasing the spasmodic nature of the cough.

Glassblowers' Syphilis.

The *Lancet* says that Prof. E. De Smet, of Brussels, in lecturing on a case of syphilis occurring in the mouth of a glassblower, referred to several epidemics which have been reported as having occurred among artisans of this description, and remarked that only two plans for preventing these outbreaks had been devised, viz., giving a separate movable mouth-piece to each man, and instituting frequent, vigorous and periodical inspection of the persons of the employés. The first plan is always declared by the workmen to be impracticable, from the loss of time which would be occasioned by fitting the different mouth-pieces on the tubes. The second would, of course, be resisted by the men, but he thinks their objections could be overcome by showing them the danger to themselves and their families, which arises from the present system.

The Value of Cocaine in Obstetrics.

Mr. John Phillips, Physician to the British Lying-in Hospital, after a review of the literature of this subject and a statement of his own experience in the *Lancet*, November 26, 1887, draws the following conclusions: First, cocaine, in whatever way administered, is a valuable adjunct to the treatment of the vomiting of pregnancy, and in some cases is superior to other drugs in use. Second, during the painful earlier stages of labor, especially in primiparæ, it materially assuages the pains, but neither quickens them nor retards their onset, and hence has no effect on the actual dilatation. Third, it is useless in mitigating the pains of expulsion and those caused by pressure on the perineum. Fourth, in the case of sore nipples it relieves the pain attendant on suckling, though the duration of its effects is not sufficiently long to be of material service. It is, however, apparently without any detrimental effect on the suckling.

The Bacillus of Cancer.

The *Deutsche Med. Wochenschrift*, December 1, 1887, contains a paper read before the Medical Society of Berlin, by Dr. Scheurlen, in which he gives an account of his experiments with the cancer bacillus. The following are his conclusions: (1) There exists always in cancerous tumors a bacillus which can be isolated. (2) The spores of this bacillus are met with in all microscopical preparations of cancerous tissues. (3) Inoculations upon animals with pure cultures of this bacillus always give rise to the for-

mation of cancerous tumors. (4) There is consequently a causal relation between this bacillus and cancer.

Eye Affections Treated with Salol.

Dr. Max Thorner, of Cincinnati, reports in the *Cincinnati Lancet and Clinic*, Dec. 10, 1887, his results from the treatment of certain affections of the eye with salol.

Two cases of simple ciliary neuralgia of long standing, one of which had been under treatment for many years, were treated with salol. The first case, of shorter duration, was relieved after the exhibition of the third dose; the second case, of longer standing, resisted the remedy for four days; then relief was gradually obtained and, after the remedy had been used in three daily ten-grain doses for a week, the patient was entirely free from pain, and has had no return of the pain for the last four weeks. This patient has suffered from these pains for over twenty years, the pains being so severe as to confine her to her bed on an average three days out of every week. In one case of rheumatic iritis, in which persistent ciliary neuralgia existed, the remedy was also used. In one case the salicylate of sodium had been used with good effects, but it was discontinued on account of producing gastric disturbances, and salol substituted with great benefit. In the other case the drug was used from the beginning, and checked the pain after the first dose. In one case of acute catarrhal conjunctivitis, combined with severe supra-orbital pain, which relapsed for months in spite of the internal administration of the salicylate of sodium, salol was also given. The salicylate of sodium was discontinued on account of its producing severe tinnitus aurium and deafness, though it never failed to relieve the neuralgia. The result after the use of salol was both a rapid and a permanent one, the remedy having been continued for one week without even producing the annoying complications on the part of the ear, which had deterred the patient from a continued use of the salicylate of sodium. In one case of acute trachoma with ulcerative pannus, in which the pain over and around the eyes was so intense that the patient had been compelled to use daily hypodermic injections of morphia to procure rest, salol was given in ten-grain doses three times a day. The effect was marvelous. After a few doses the patient felt tolerably well, and, although awakened in the night with the severe pain, after taking one dose of ten grains fell asleep within thirty minutes. This prompt action caused the nurse attending this patient to speak of the

remedy as a hypnotic. The repetition of the drug during the day was discontinued after three days, and only one dose was given at bedtime, and repeated during the night whenever a sudden onset of pain caused sleeplessness. The remedy was used in this manner, with the effect of relieving pain and producing quiet sleep, for two weeks, when it was only used whenever the patient noticed an approach of the pain, which, however, seldom occurred.

In most of these cases the dose was ten grains three to four times a day, till relief was obtained. In some cases the single dose was fifteen grains, in others the ten-grain dose was repeated after one hour. At times the patient was ordered to take the remedy whenever indicated by pain. No unpleasant effects were ever observed to follow the use of salol, except slight ringing in the ears in two cases, where the single dose was fifteen grains. But the quantity of salol given within twenty-four hours was rarely, if ever, larger than forty grains, which is far less than the amount usually administered. These small doses of ten to fifteen grains were mostly sufficient in cases of simple rheumatic or neuralgic affections. But even in cases where larger doses are required, the danger of poisoning is apparently not very great, provided the usual caution not to begin with too large a dose is followed. The author does not consider salol a panacea, but advocates the use of it in cases where the salicylate of sodium is indicated, because it is safer than the latter, although in certain cases the salicylate is more effective than salol.

The Treatment of Urethritis in the Male.

In a paper read before the Medical Society of the County of Kings, Dr. H. W. Rand (*N. Y. Med. Journal*) says that for painful urination in gonorrhoea small doses of the oil of sandalwood have given him better results than any other single remedy. He frequently combines ten minims of this oil with two or three grains of extract of hyoscyamus, and gives this quantity two hours after each meal. The effect is said to be more decided when either remedy is given alone. As the inflammatory symptoms subside, the dose of the oil can be increased to twenty or thirty minims, and the hyoscyamus omitted. He also regards the oil of sandalwood as the best internal remedy for the gonorrhoea itself. It is less apt to disagree with the patient than either copaiba or cubebs, and can be given earlier in the course of the disease. When the oil of sandalwood is not tolerated, the tincture of

Cannabis Americana can be given, and will be found a useful remedy. When pain on urinating is very severe, and is not relieved by the means already mentioned, injections of a four per cent. solution of cocaine are useful palliatives, if the act of injecting does not cause too much irritation.

Dr. Rand says that one of the best injections to begin with, which is soothing and at the same time slightly astringent, is the following:

R Pulv. opii.....	3i
Aquæ destill. bullientis.....	f3viii
Mix, filter, and add	
Liq. plumbi subacetat.....	f3ss

Sometimes a grain of sulphate of atropine may be profitably added to each ounce of this solution. As the inflammatory symptoms subside, the amount of solution of lead in the prescription may be increased to a fluid drachm or more, always bearing in mind that an injection should never be strong enough to produce pain, or even prolonged smarting. Not more than one fluid drachm should be injected early in the disease, but later on three or four drachms may be required to reach all the diseased surfaces. Treatment should be persisted in for at least two weeks after the discharge has entirely ceased.

The Influence of Cold over the Heart in Fever.

Dr. Walker has made a series of experiments upon the action of ice applied to the region of the heart, and extols this procedure in typhoid fever, infectious pneumonia, etc. Numerous tracings of the action of pulse and respiration show that ice applied in this way increases the energy of the heart's action, and acts favorably upon the respiration. The cooling does not lower the temperature of the body, but very probably lowers that of the cardiac muscle.—*Bulletin Médical*, Nov. 20, 1887.

Nervous Phenomena Observed in a Case of Exposure of the Spinal Cord from Syphilitic Ulceration of the Pharynx.

In the *Southern Med. Record*, December, 1887, Dr. A. G. Hobbs reports the case of a young man who was brought to him in October, 1886, supposed to be suffering from ulcerated sore throat. He had been a cowboy in Texas for two years, and had been strong and robust, weighing 140 pounds. When he applied for treatment he was thin, pale and anæmic, weighing only 104 pounds.

He denied ever having had syphilis, nor had he any evidence of this disease, other than an ugly sloughing ulcer about the size of a silver quarter-dollar, in the posterior and superior wall of the pharynx. By the use of a soft palate retractor a direct view of the greater part of the ulcer could be obtained. A bent probe discovered necrosed and detached bone at a depth of about half an inch, a piece of which was extracted at the first sitting. At each succeeding daily visit for two weeks small pieces of bone, from the size of a pin head to a small pea, were either washed out with the cleansing syringe or extracted with the probe or scoop. The index finger could then be inserted into the cavity as far as the first joint.

The treatment had, from the beginning, been based upon the assumption that it was a syphilitic ulcer, notwithstanding his repeated denials of ever having contracted the disease, and his father's assurances that he had been healthy from infancy, and could not, therefore, have inherited the taint. He began on forty grains of iodide of potash, three times a day, in a menstrum of Succus Alterans. This dose was afterwards doubled. The ulcer was daily cleansed with cotton probes, syringing and sprays. Sprays were applied not only directly, but through the nose, on account of the discharge being partly expelled through that channel. Listerine was used for its disinfectant and cleansing properties, and nitrate of silver, full strength, was applied to the bottom of the cavity by a cotton probe, after which the cavity was packed with iodol. About this time—after four or five weeks of daily treatment—the nervous phenomena first occurred. For a week or ten days he had been complaining of constant pain in the back of his head and neck, which caused him to carry his head rigidly to one side. He was also unable to sleep, except for a few minutes at a time, and in a sitting posture. After the cavity had been thoroughly cleansed at one of the treatments, the nitrate of silver probe was pressed to its bottom, when, as suddenly as if he had been shot, one-half of the patient's body became paralyzed; his head fell to the right, his right leg turned outward, and he would have fallen from the chair if Dr. Hobbs had not caught him. Without losing consciousness at any time, this hemiplegic condition lasted about thirty seconds, when, as he expressed it, "he felt a tingling in the right half of his body," and in another half minute he slowly raised his right side into position. The next day the same phenomena were repeated, but on the opposite

side. He was now so reduced in weight (to ninety-six pounds) and in strength by the loss of sleep and constant pain, that he could not walk to Dr. Hobbs' office. The extreme insomnia lasted about ten days, during which time his attendants thought he did not sleep one hour in twenty-four. The pupil of the side affected became slightly dilated, but there was apparently no change in the perspiratory glands while the paralysis lasted. But from this time healing began at the bottom of the ulcer, the discharge became less, and examinations with the finger did not discover any more rough bones; he slept better, and complained less of the pain in the back of his head and neck.

A week passed on with all of his symptoms gradually improving when, the author says, he could no longer resist the temptation of making another pressure with the probe. Paralysis of the side which was pressed upon, was again exhibited, but in a much milder degree than before, ending in the same tingling sensations as described before. As only the spray and powder-blower were used from this time onward in dressing the cavity, no more pressures with the probe were made till healing had well progressed—probably ten days or two weeks after the test. The author was then surprised to find that when the probe was now pressed into the cavity a condition just the opposite of paralysis was exhibited; the arm and leg jerked and jumped as in a case of chorea. These choreic muscular contractions, unlike the paralysis, lasted only during the pressure of the probe. In repeating the probe pressures at intervals during the next few days, the same choreic symptoms were produced, always on the side corresponding to the pressure, but in a less and less degree, requiring a still firmer pressure to produce the effect.

Finally, when the healing process had been thoroughly established and cicatricial tissue had, in a measure, closed up the cavity, only a "tingling and pricking" sensation followed the probe pressure—a sensation similar to that which followed the hemiplegia in the first instance. After the cicatricial tissue had thoroughly hardened, no manifestations followed the pressure of the probe. Dr. Hobbs says that ten months after the patient was first seen he had entirely recovered, and presented a perfect picture of health. His weight was thirty to forty pounds more than he weighed in November of 1886. He was kept on a lessened dose of iodide of potash and *Succus Alterans* until July, 1887.

Food and the Nursing Woman's Milk.

Zalieski's conclusions upon this subject, as stated in *Le Bulletin Médical*, November 20, 1887, are as follows:

1. Woman's milk, which is very rich in fat, can have an injurious influence upon the development and the nutrition of the child.
2. A food very rich in albuminoids increases considerably the proportion of fat in woman's milk, and causes a corresponding diminution of the sugar. The other constituents of the milk are not sensibly altered. It is very possible that alcoholic drinks have the same action as albuminoid foods.
3. The composition of the milk can be told from the manner of life or the food of the mother or nurse, which is a very important matter in the favorable development of the child.
4. The kind of food has an influence upon the composition of woman's milk, exactly as it does in animals.
5. The fat of the milk is formed mediately and immediately, and probably in its greatest quantity, by virtue of the albuminoid substances of the food.

Oedema of the New-Born and Phlegmasia Alba Dolens.

At a meeting of the Academy of Medicine of Paris on November 15, 1887, M. Dumas (*Progrès Médical*, November 19, 1887) spoke upon the probable identity of oedema of the new-born and phlegmasia alba dolens. He thinks the former should not be confounded with sclerema, for it is characterized by the infiltration of serum into the subcutaneous cellular tissue and into all the cellular interstices of the affected parts. On the contrary, this oedema should be regarded as a symptom of phlegmasia. Treatment should consist, (1) in the employment of heat in the form of the brooding-hen (*couveruse*) of Tarnier; (2) in the absolute condemnation of manipulation of the affected parts, which was recommended until then by all authors, as it tends to the formation of emboli.

Effervescent Citrate of Lithium.

Citrate of lithium.....	10 parts
Bicarbonate of sodium	30 "
Tartaric acid.....	20 "
Sugar.....	20 "
Sugar of milk.....	20 "
Alcohol.....	40 "

Mix the solids, in fine powder; dampen and knead the mixture with the alcohol, rub through a coarse sieve, and dry.—*Am. Druggist.*

Lead Poisoning from Flour.

The *British Med. Journal*, December 3, 1887, says, that a very remarkable epidemic of lead poisoning has recently been investigated in three communes in the north of France. Upwards of one hundred persons were suddenly attacked with violent symptoms, among which severe colic predominated. So serious did the condition of some of the sufferers become, that medical aid was obtained, and the presence in several patients of a characteristic blue line on the gums gave rise to the suspicion of lead poisoning. The water supply was derived from so many different sources that it could not be incriminated, and suspicion ultimately fell on the flour. It was ascertained on inquiry that the affected persons had all obtained their flour from the same mill, but those who had partaken of rye bread were most severely attacked. The mill was gone over, and after a long and painstaking examination, attention was directed to the tin buckets of the elevator which served to transport the rye flour from the grindstones. Several of these buckets had a dull, leaden appearance, and were found to have been "tinned" with lead. As doubts were entertained whether the quantity of lead from this source was sufficient to give rise to such severe symptoms, they were carefully weighed, and were found to have lost upwards of 150 grammes of their weight. The wheaten flour, which passed through another elevator, was free from lead, and this was evidently due to none of these "leaded" buckets having been employed in its construction. The accuracy of the discovery was confirmed by the observation that those who ate rye bread exclusively were most severely attacked, while the others, who mixed the two flours, escaped with comparatively slight symptoms.

Is Cancer Contagious.

Mr. Charles E. Jennings, F.R.C.S., who has given much attention to the question of the contagiousness of cancer, writes to the *Lancet*, October 29, 1887, that he does not think cancer is a contagious disease in the ordinary sense of that term; but that if it is ever transmitted, transmission is effected by grafting—the process being comparable to the well-known method of skin grafting. He, therefore, regards the recently reported case in which a man became affected with cancer of the penis after having for a long time carefully nursed his wife, who was suffering from cancer of the uterus, as simply a remarkable coincidence. The same opinion is expressed with regard to the case reported

by Mr. Adam, in which a physician married a lady who subsequently developed cancer of the uterus and mamma, of which she died. The physician, a short time afterwards, became himself affected with cancer of the stomach and liver. Before his death, however, he married again; and a year or so later this second wife was under the necessity of having both mammæ removed for cancer, in successive operations, as a result of which she died.

Sublimate Paper as a Surgical Dressing.

Filter paper prepared in the following way has been found useful as a surgical dressing. It is first steeped in a solution consisting of sublimate grs. 3, glycerine m . 75, and water $3\frac{1}{2}$ oz., and then dried. It is not alone useful in small superficial wounds, but even large wounds and major operations may be dressed with this material.

From personal observation Gedeke, *Centralblatt für Chirurgie*, comes to the following conclusions:

1. That filter paper saturated with a 20 per cent. bichloride of mercury solution makes a good material for surgical dressings.
2. That according to the size of the wound, from a single layer up to eight ply should be used, and the whole held in place by a dry bandage.
3. That such a dressing is particularly adapted to fresh wounds.
4. In complicated injuries of the fingers, this dressing has the advantage of acting as a splint as well as a dressing.
5. It should be changed every two or three days.
6. When other antiseptic surgical dressings cannot be had, suppurating wounds can be kept aseptic for a short time with this dressings.—*Pacific Med. and Surg. Journal*, Dec., 1887.

Effervescent Carbonate of Lithium.

Carbonate of lithium.....	10 parts
Bicarbonate of sodium	30 "
Tartaric acid.....	20 "
Sugar	40 "
Alcohol.....	40 "

Reduce the solids to a fine powder; mix thoroughly; dampen and knead the powder with the alcohol; then rub it through a coarse tinned-iron or hair sieve, or through an enamelled colander, and dry it, first at 68° F., then at 104° F. Separate the somewhat coherent mass by cautious pressure, and preserve in well closed vessels.—*Am. Druggist*.

News Items.

—Dr. William G. Wright, of New York, who fired several shots in Clinton place on the night of October 19, after a quarrel with Paul Jardine, a commission merchant, was arraigned before Recorder Smith, Nov. 28, for examination as to his sanity. Drs. Trual and Field testified that Dr. Wright was a sufferer from general paresis. He had delusions as to his wealth. The jury found him insane, and Recorder Smith sent him to the State Hospital for the Insane at Poughkeepsie.

—Dr. H. H. G. Piffard, of New York, has been making some interesting experiments in orthochromatic photography with the instantaneous flash. The magnesium was found to be too white a light, and he made a "golden orthochromatic compound," with which he has obtained remarkable results. A print was shown at the Philadelphia Amateur Photographic Club recently from a negative made in this way. The subject was a bunch of chrysanthemums, yellow, magenta, etc., and the color values are reproduced in the most perfect manner.

—The position as medicine man to a band of Indians at Bay Centre, on Shoalwater Bay, in Oregon, is about being vacated, and a competitive examination was at last accounts being held for a successor. The examination was unique and in accordance with the laws of the tribe, which provide that the candidate who dances for one week, night and day, without giving out, and succeeds in the meantime in finding some object which has been previously hidden, is chosen. He is forthwith declared the medicine man, and the "healing business" is turned over to him. When last heard from, the candidates had been tripping for four days, and several were almost exhausted.—*Phila. Ledger*, Dec. 6, 1887.

—Dr. William A. Hammond appeared in the Tombs Police Court, New York, December 1, as complainant against George A. Scott, whom he charged with criminal libel. Scott makes and extensively advertises an electric corset and belt, and in the advertisement appears this passage, which Dr. Hammond characterizes as libelous: "Every mail brings us testimonials like the following: The celebrated Dr. W. A. Hammond, of New York, formerly Surgeon-General of the United States Army, lately lectured upon this subject and advised all medical men to make trial of these agencies, describing at the same time most remarkable cures he has made, even in cases which would seem hopeless." Dr. Hammond denies that he ever used the

articles in question, and says that the statement in the advertisement is false, fraudulent and intended to injure him in professional and other circles.

—Revolt in a Hospital. —The *Progrès Médicale*, November 12, 1887, states that a terrible revolt has broken out in the Hospital of Santa Maria, at Naples, which is occupied by several hundred women who have venereal diseases. They commenced by driving the nuns from the convent and forcing them to take refuge with the police. They then sacked the hospital, breaking in pieces and throwing everything out of the windows. Armed with table-knives they attacked the police, who had to force the gate. A platoon of soldiers and some riflemen were called upon, but hesitated to employ brute force against the women and were repulsed. But as they were assailed by chairs, plates, bottles, bars of iron and broken bedsteads, they marched against them with fixed bayonets and drawn swords. The revolt lasted eight hours, and twenty-two sisters, as well as several of the soldiery, were more or less seriously hurt. Twenty-eight of the most desperate women were arrested. The principal cause of the revolt was the prohibition of visits to the hospital, as it was found that lovers were received in place of parents.

—Dr. Edmund Andrews has written a letter to the *Chicago Tribune*, December 6, in which he describes the pathology of cancer, on the theory that it is dependent upon a bacillus. He has couched his description in terms intended to be understood by laymen; and we think has made his exposition so clear that it will alarm some of the readers of the Chicago newspaper referred to:

"The world swarms," he says, "with numberless species of microscopic fungi, called in a general way microbes, of which the bacilli are one group. They are everywhere present, especially in all decaying substances, in stagnant waters, and in the dust of the air. They are blown about on all winds, seeming in the dry form as dead as thistle-seeds do in their aerial flight, but when they light on moist surfaces, or fresh wounds, for instance, many of the species germinate and multiply by billions, and some of them cause the putrid diseases commonly grouped together under the name of 'blood poisoning.' Some of them possess the power of swimming in fluids, and when they light on a wound leading into the sac of a joint, or other delicate interior cavity, they make their way into the inner spaces and set up there a decomposition of a poisonous and deadly character."

—A Pasteur Institute has recently been set on foot in Constantinople, where it is expected a large material will always be on hand on which to practice. An institution in which the treatment of persons bitten by rabid animals will be undertaken, has also been founded in Barcelona. A wealthy merchant of that city gave a large sum of money for the purpose of founding a hospital similar to that of M. Pasteur. The city added largely to the sum, so that as to include within one building the Pasteur Institute, and a laboratory for bacteriological and histological investigations. The whole will be under the directorship of Ferran, of cholera inoculation fame, who will himself perform the anti-rabies inoculation.

—Something akin to emotional insanity is set up in the defence in the case of Weidler, charged with shooting a Brooklyn physician (referred to in an editorial in the *REPORTER*, July 2, 1887), and two doctors have testified that the man was insane at the time of the murder. He is clearly sane enough now. His insanity he attributes to malaria, and he alleges that his mind was blank for some time after the fatal day. The murder itself was extremely deliberate. Weidler lay in wait for the doctor and shot him repeatedly in broad daylight. It is possible that the jury may be sufficiently soft-hearted to accept the plea of insanity for that occasion only. If they do, it will be a direct encouragement to the use of the pistol, and cannot but have an unwholesome effect.—*N. Y. Tribune*, Dec. 2, 1887.

HUMOR.

DIAGNOSIS.—A friar once met some medical students, who asked him, "Do you know the difference between a friar and a jackass? Give it up?" "Yes, I give it up." "Well," said they, "one wears a cross on his breast and the other on his back." "Now," said the friar, "do you know the difference between a medical student and a jackass?" "No," said the students. "Neither do I," said the friar.

"How is it that you charge me fifty cents for this little pinch of bicarbonate of soda when you gave three times as much for ten cents yesterday?" Druggist: "We are filling a prescription to-day. Suppose we are going to translate Latin for nothing? My dear sir, you don't seem to appreciate what it costs to obtain a classical education. Hold on! I've given you oxalic acid. That boy's always shifting them bottles around.—*Boston Transcript*.

A LADY, who had been severely bitten, once went to Abernethy, and knowing his aversion to hearing unimportant details from his patients, merely uncovered her arm, and held it up before him in silence. After looking at it, Abernethy asked: "Scratch?" "Bite," said the lady. "Cat?" asked the doctor. "Dog," she said. Whereupon the gruff doctor broke out: "Zounds, madam, you are the most sensible woman I ever saw in my life!"

A MATTER OF FAMILY PRIDE.—"Prisoner, have you anything to say why the sentence of death should not be passed upon you?" "A few words, your Honor. I am thirty years of age." "Well?" "Your older brother is a physician." "This is impertinent and irrelevant." "It may sound so, your Honor, but it means life or death to me. I understand that you take a great pride in the phenomenal success of your brother?" "I do, but what possible bearing can that have upon your case?" "Simply this: Your brother, the doctor, examined me a year ago and predicted that I would live at least thirty years. It would certainly undermine his reputation as a scientist should I die before that time."

—A MAN MET his doctor on the street and complained of rheumatic pains, for which the doctor recommended him to take a pinch of "nitrate of potash" two or three times a day. Shortly afterwards he met the doctor again, and, in reply to a question regarding his health, remarked, "Oh, I'm getting well, doctor; but 'tain't your medicine. I tried that for some time, till a neighbor told me of something he took for his rheumatism—a very simple remedy. I tried it, and it does me a great deal of good." "What is it?" said the doctor. "Oh, it's simple; I'm afraid you'll laugh at me if I tell you." The doctor promised to control his risibles, and the patient, after much urging, informed him that it was "saltpetre." The doctor's smile was longer than the street.—*Chemist and Druggist*.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Dec. 18, 1887, to Dec. 24, 1887:

Capt. Victor Biart, Assistant Surgeon, relieved from further duty in Dept. Dakota. S. O. 293, A. G. O. Dec. 17, 1887.

First Lieutenant Eugene L. Swift, Assistant Surgeon, ordered for duty at Fort Spokam, Wash. Ter. S. O. 293, A. G. O. Dec. 17, 1887.

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(*Paris Society of Medicine, Meeting of Feb. 8th, 1879.*)

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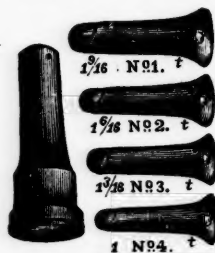
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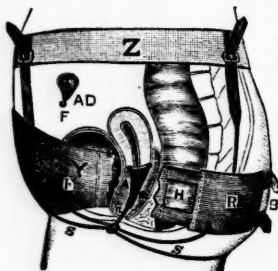
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